

Minutes of the meeting

Date 28th Feb. Online meeting of CPR.

Meeting started at 8:00 pm as all the members logged in Secretary has started the meeting proceedings.

Agenda 1. CHAIRMANS ADDRESS

Secretary has invited Chairman Dr.K.Mahendrandh Reddy to give his welcome address give orientation on CPR

Dr. K.Mahendrandh Reddy welcomed all the members briefed all the members regarding CPR.
“Good evening Friends and colleagues, Council of prosthodontic research has been conceived by us during my presidency term. The council has been formed with the aim of encouraging IPS members into Research. We thought we should have a small beginning to start supporting the research acumen of our members with a little financial support and any other means of assistance.

As a pilot project we have announced and invited a research project on safty of Human Pulpal derived mesenchymal Stem cells. Initially a company in Hyderabad has agreed to fund and support the initiative we have invited the applications and started scrutiny in the line of DBT protocol. Mid way we ran into problems as animal study was involved and the funder has backed off. Some how we could complete the project with the help of NIN and CCMB and continuous persuasion from Gopchander. Now it is ready for publication we are on it. I am mentioning this only to sensitise you with unforeseen troubles in our long journey and motivate our selves not to demoralise.

I thank all the EC members and IPS general body for unanimously accepting to support CPR and providing yearly budget of Rs. Ten lakhs (10 lakhs) as last year was washed off due to Covid we have now approximately 20 lakhs to start with. As all of you know most of the funds will be going towards the maintaining records, support staff and other clerical activity. Fortunately our IPS head office is close to me and we can utilise all the facility of the office so I we can minimise such expenditure and use maximum for the research activity.

Initially I had lot of ideas how to take CPR forward in series of discussions with our IPS EC and friends in IPS I think we should do the following

1. Supporting Members research active by providing financial help
2. Forming a IRB or Review board (Institutional Ethical committee) and registrar the same in DBT so that it will help our members to clear their research proposal and also give boost to our journal articles.
3. Conduct scientific writing workshops for our members to get trained to produce quality articles and help them to publicise their research
4. Provide guidance to IPS student members to select their research topic and guide them through their work
5. Establish a testing laboratory in IPS head office for our members to utilise for their research

I want you members to improve upon these ideas and discuss in our meeting for us to take this forward.

I also feel that only doing research may not achieve everything, we also should publicise regarding our goals and objectives and make it reach maximum people both in our society and also Dental fraternity.

I know you all are well experienced in Research and aware of various institutions that are funding and helping the research and their protocols, we need to put the our own standard operation procedures and protocols

Our immediate task is to discuss and finalise our aims, objectives and bye laws which already have been circulated to you along with agenda.

Now I request our secretary to go through the agenda point wise, to discuss and take necessary resolutions and decisions.

Lets all start humbly and work our way steadily to reach maximum heights

Secretary Dr.Mahadev Shastry read out the Agenda 2

Agenda 2: TO DECIDE ON FUNCTIONING ON CPR:

Dr Mahendranadh Reddy invited everyone to start commenting and give their views

Dr. Akshay Bhargava said that we are all very experienced in research and basic thing is that nothing is going to come out of anything unless we think about commercial viability of the research which in my opinion does not mean we are not going to innovate something and we are not going to sell it. We need industrial collaboration so these are two headings. I would say that we look into one which is the commercial viability to develop something and then look for an industrial collaboration. We should ask all our members preferably not the students but all our members to come with any kind of viability commercially which you can you know have a market value because research as such has just basically 5 components, one either we do it for publication which is one, other is we get extramural grant and we move ahead, but at the end of it, also whether it's an intramural or an extramural grant that you get the whole idea is to innovate something to have some viability in the market and of course then you patent it. So the objective is being not getting a patent or the objective being getting something which we can say as a society we have contributed to the profession.

Dr Mahendranadh Reddy said that he is talking about something which is farfetched and little longer. Even if I can encourage few of my members to get patent though we don't get a viability we are not right now looking at a viability, maybe one of my friends got a patent. I helped in getting a patency that in itself is an achievement for IPS. What do you think of this, a simple thing is that somebody has researched on very very good research which has helped some community to get on the problem, even then if he can write in his publication, supported and guided by IPS, even that I will take it as a gain to IPS and CPR. Only then we can take step by step and what we are talking about realizing patency and royalty which is too farfetched. Not that it is not our aim we need to aim in the long term but what is that we can do in the short term to make little more visibility for CPR and IPS. We will totally divide that into short-term, mid-term and long-term. Dr. Akshay Bhargava interrupted and said what I am saying is that suppose we have a viable idea and then you have incubation period you know centers are there, that take a certain amount of money and they pitch in making a prototype they move ahead with it but we are as a team with intellectual strength. I understood what you are saying about patent, patent is ofcourse a part of it, ofcourse we ultimately move to something which gives us monitory gain and recognition. Dr Mahendranadh Reddy said, monetary gain is the second one but that is one of the goal. Any more views on this Meena madam, Dr Jacob, Dr Gopi any comments on this??

Dr Jacob and said if you don't mind, I would agree with you because at this moment probably it is more of a visibility then bringing in revenue once you are more visible Yes then you can make strict conditions that you know you need commercially viable research that we will be funding. Now at the moment I think it is best that we try to make ourselves more visible but probably it will be less of income generating which in long-term will be more beneficial.

Dr Rupesh said he is in agreement with what Dr Jacob has just said, currently rather than commercial visibility we should have visibility and viability. I think we should reach out to people.

Dr Mahendranadh Reddy said we should all come in to frame of mind that we have three types of goals setup for us short-term for visibility mid-term, ok if tomorrow for example somebody comes out with a brilliant idea which can be patented and royalty can be done not that we say that we are too early for it. We will definitely take it up. All three goals should go simultaneously something which is coming in between how do we channelize it. Okey Only should we advertise as DBT, we should send open invitations from this month to this month we will take open invitation projects or we are going to talk about doing it from this year to next year we are going to talk on these lines. We say removable prosthodontics or materials are we going to do that we need to have that but the whole thing is to be decided that it should be like this according to me, we should formalize and come to conclusion. I should have all the things with three goals in their mind, one as the short-term gain, mid-term gain and a long-term gain, all three should be accepted so that we will be simultaneously taking the whole momentum forward, this is what I think is an idea, but it is debatable now.

Dr Sae said regarding the money we have there is a component of biomedical device development where in the patents come into the picture. There is other area of research also which is epidemiological research. Clinical research is also important for the fraternity so wherever the biomedical device development comes into play at that time in patenting you know that the commercial applications also come into picture. So, we can divide the funds into 10% epidemiological research, 10% for clinical research and probably 80% for biomedical device development. So likewise, we can categorize and we can give importance to even epidemiological research because large scale data regarding edentulism regarding prosthetic issues, regarding treatment needs of the population also holds importance. In that we cannot have profitability. Profitability can only be had in the biomedical device development when someone develops a device and it can be patented and commercialized, but certain other aspects also needs funding. Not necessarily everybody will give us a viability so we need to divide the fund judiciously into these categories.

Dr Mahendranadh Reddy said Dr Gopi Chander wanted to speak something, Dr Gopi Chander said let her finish then I will add on. Dr Mahendranadh Reddy asked Sae if she was done by her speech for which she said that she had a bad network and she was finished with her speech.

Dr Mahendranadh Reddy asked Dr Gopi to go ahead. Dr Gopi Chander spoke that I think for mid-term and long-term they are so many goals but what I was thinking is in terms of short-term goals where our board has to be recognized so majority of the issues we face in the journal is in terms of people being less knowledgeable in the activities they do specially in terms of the research. So workshops kind of things can be done in terms of visibility which is one for the initial site. Second is in terms of support provided for people like technical kind of support and like guiding them in research project. Like what Dr Sae was talking about in terms of data, in terms of edentulism and partial edentulism. I think me and Rupesh have been getting some mails from few of our members as well in terms of getting these data's. Getting these data are difficult for now. But we can initiate from our board, at least some initiation can be made in terms of getting or collecting and pooling in the data. Off course we cannot fund for that, this is in terms of mutual support and rapport that we have among members in this society. We can get these data done so this is important. With this data we can start working in terms of whatever plans we have for long-term and mid-term goals. Either it is in terms of funding the research or in terms of supporting or going towards the community outreach and helping people in terms of giving some free dentures and all that. Whatever we do for example the community outreach programs have been done by various branches. We can also ask them to pool in some data in terms of research data, simple data in terms of age or edentulism that can help in terms of getting some vital statistics which is not there in India. Which is very significant for the long run. So, with these data we can move on to mid-term or long-term goals. The second is in terms of the basic needs of IRB or EC board which is mandatory for any research group to have.

Dr Mahendranadh Reddy said IRB board is in the agenda and we will talk about it later.

Dr Gopi Chander said that I am just giving you an idea I am not talking in terms of creating the board. If you are part of activities here it gives a visibility for the people . If IRB is there it gives visibility that CPR has been given some recognition In terms of their research. And most important is in term of supporting the people not just the financial components. Supporting the people in terms of creative ideas and thoughts can also give in terms of greater visibility which does not involve lot of funds. This is small term goal which I was thinking about. Dr Gopi Chander ended his talk.

Dr Mahendranadh Reddy asked Dr Sae to speak but Dr Praveen Kumar interrupted for which Dr Mahendranadh Reddy asked Dr Praveen to speak after Dr Sae, after summing up the proceeding of Dr Sae.

Dr Mahendranadh Reddy said Dr Sae you said epidemiological research does not give us much money but I feel that epidemiological research gives us the greatest amount of money. The moment you get this data, if you're sell this data the companies will pour in money for you. I don't say it is useless that is a money earner number one, yes, we should be able to do this also but we need not fund it directly. We can also arrange for funding that is also one more avenue. Ok I just wanted to finish those things easily so that people when we are calling, can just put those things also back. We will summarize in the end. I just want to let you know Ok. Dr Praveen you can go ahead,

Dr Praveen said that I just feel that lets just not talk or bother about the outcome or the final product or something which we will be assessing in short-term or mid-term. Let's just have some structure and process of channelizing the whole potential candidates to one track. Let's drive in the process where we need to form a few structures in the form of a structural form for proposals. Or you know the process of some applications and what are some flowcharts from where people form, which are the people who should be able to come into our umbrella and then process. Let's think about few guidelines to be prepared and few processes to prepare so that those few policies kind of a thing which will actually start or we can just kickstart with the help of these kind of forms. Because to my experiences with my university what is the greatest thing about or what I am experiencing is established policy work which is what I experience In my university. Established policy in the structure meaning having specific form or format to follow and keep on proceeding for research purpose. They have a single guideline for research and 15-16 type of forms right from proposal form, ethical approval form ,to grant application form and revision of forms, which should be done for CPR. That's the beginning of my thought!

Dr Mahendranadh Reddy said

This is what we have actually done in the first project. Gopi and we have done it. We have downloaded everything from DBT and modified it but those things are half cooked. We did try to follow and see how the team works. We actually had external core members. We had funders as sitting members with us and we had called everybody in to the IPS society and they have conducted their research. Few of this research stem cell people were doing it. We actually gave them safety of stem cells as the topic and people have come in and we did something but anyway we could not give any support but we could finish something apart, this is very very nice. This is called standard operating procedure, unless that is done, we are not going to start even the first project. Correct.

Our first few meetings will be only on that and this is only to give a direction and I think the next meeting will be on the procedure, because without the procedure what will you do. Standard operating procedure has to be finalised by us and guided by us and approved by all of us and the review for this standard protocol or standard operating procedure will be done in once in two years.

Dr pravin agreed

Dr Kanchan said that once the committees are in place and once our standard operating procedures are in place and since the focus is revenue earning, why don't we just place production of indigenous implants which will fetch us a lot of money because none of the implant companies in the country are stable.

Dr Mahendranadh Reddy said your voice is breaking madam, please repeat the whole thing.

Dr Kanchan asked am I audible, Ok, I was just saying when committees are in place, can you hear me? Yeah, once the Committees and the SOP's are in place, if you can float in the topic of production of indigenous implants that will be a really revenue generating topic. Once because most of the non-indigenous companies are not very stable in the market, you know today they are there, they are not there tomorrow. Once we have indigenous implants under IPS it will be a very great revenue generating research and if you have an indigenous implants and if it will be used by everyone and will be cheaper also and under IPS it will have a very good marketing capability and that will be a real revenue generating because we can coordinate with IIT and you know we can fabricate an indigenous implant. You can float this topic in the committee.

Dr Mahendranadh Reddy said

Can I start madam?

Dr Kanchan said

Yeah sure.

Dr Mahendranadh Reddy said

Madam Basically, let me tell you one thing they are not primary objective:

1. We are not bothered whether we make money or not.
2. The suggestion is very good; we need to have our own equipment and materials to go ahead.

You have sounded little more commercial onto it but there is a lot of sense on that but right now I don't think we have that kind of fund for going into that aspect, Yes, we can.

Dr Saeed said

Maybe in the long run

Dr Mahendranadh Reddy said let me finish

maybe we can call for it at appropriate time for doing only implant research, Design or something like that. Basically, we need to ask one of the components or the surface treatment for research on that.

Suppose if you get a beautiful or an excellent macrostructure or a design or a connection design or surface, then yes, we can produce our own designs, that's what our president Dr Akshay was telling. We need to get into that kind of a mold, Yes, it is a long-term mode. Right now, let us not look at something which is there, it will be as I told you three different things, everybody start talks on this I will give you one more way of doing it.

We are still on the first agenda and I think first agenda will take a long time to make all of us be on the same page, anybody else?

Dr. Mahendranadh Reddy said,

Balendra:

Would you like to throw some light or would you like to put some comments on that??

Ok. If you have finished on this

Let me throw a different angle to it, I was talking about goals I can also talk about helping people of three categories:

1.students

2.teachers

3. Practitioners.

What are we doing with these people, how do we do this? Combining these goals to us.

What is all the three goals for students and what can we do, this is what we are going to write down.

What are we going to do for the faculty, not deviating from these goals, and what are we actually doing for practioners, I am not talking about quality of practice which is separate body of IPS in that which we don't want to interfere and don't want to overlap?

Right!

If somebody wants to talk on this, I think we will sum up this agenda and go ahead.

Dr Saeed asked

If I can come in?

Dr Mahendranadh Reddy said Yes Saeed

Dr Saeed said

Regarding the practitioners sir in the other countries like US and some of the European countries what they have is dental practice networks, dental practice research networks wherein the practitioners are given the chance to participate in the ongoing research by submitting the clinical data so the initiator or primary investigator of the research can be somebody from the academic background. However the study can have enrollment from private practitioners, those who can, those who want can volunteer and participate in the data collection . That is what I have come across. I think we can have a network of clinicians who are eager to participate in the research projects that will be undertaken by the CPR.

Dr Mahendranadh Reddy Said

This is very easy in the western world because they have records of everything. I don't think in India we can keep so much records and even if you count on people who are doing it, it will be very little but nonetheless we can start initiation on this and we can think about the appropriate time if we can motivate enough people to participate or help our researchers in providing the data or doing the clinical study or clinical research. Yeah that's one of the things what we can think of for Practitioners. What is that we can do. This is again a long-term goal or mid-term goal but it cannot be short-term work goal.

Dr Meena asked

Can I suggest something sir?

Dr Mahendranadh Reddy said we are all meeting for the same.

Dr. Kanchan asked

I personally felt now, IPS is taking an initiative to conducting all the CDE program like we have the scientific writing coming up so maybe we can spread the word among practitioners also because for those who are interested as research is very volatile we will first need to identify who can help us out , I think that should help.

Dr Mahendranadh Reddy said

All the programs that are done by IPS will be circulated without any objection or without hinderance to all the members whether he is a practitioner or not.

The information flowing will not stop.

Secretary Sahab am I true?

Dr Rupesh said

Yes sir, you are right sir. Yes sir

Dr Mahendranadh Reddy said

That is already being circulated

Dr.Kanchan said ok sir

Dr Mahendranadh Reddy said

Any more ideas?

Not that we have to cough up all the ideas, we can just think of it and we can put them back, and keep putting that into CPR whatsapp group maybe we will write it down, or secretary will write it down. Next time onwards will have a specific agenda. Not agenda like this, this is the first one which is pending for three years, I know, they are so many things. Let's go.

Dr. Kanchan said

You can have a standard case report form and once the whole idea is crystallized and have the Practitioners you know who will give you data in standard case report forms, so we are having uniformity over the country.

Dr Saeed said

What I can suggest is that like in our university we have short term research grant for students and a long term research grant for the faculty. Similarly even in ITI we have a short grant and long grant, so similarly we can have such category of grants for students, Practitioners and faculties separately and criteria can be different and even the money allocated can be different.

Dr Mahendranadh Reddy said

Are we trying to tell that grant is fixed first and we are going for research or grant is going to depend on what kind of research, that is a tricky question Dr Saeed? If I say I am going to give only 20 Rs and a fellow actually has a beautiful research which is short term and actually costs 40Rs. Are we are not going to give it, or we not going to support it, I think it should go by merit, Members please?

Dr Kanchan said

It should go according to the weightage of the product and how much good it will do to the humanity in future and in the long run.

Dr Saeed said

that is true sir, but we have to have some range.

Dr Mahendranadh Reddy said

Yes depends on that, suppose if somebody has an X amount, what does DBT do, fund them into two different ways as direct grant and loan grant, we can think for it or we can also say find the support, even go to company as a CPR and tell them this is what we approved that's what IRB does. Once we have a Board then they can say we have approved it. I think funders can directly do something good because we are going to monitor it. When you come to it will talk about it later. Ok.

Anyway. let me sum up the first agenda as we all know which has to be done is setup standard operating procedures. Let us talk first thing on standard procedure will talk in next meeting.

Will fixup the first meeting tomorrow.

And once Standard operating procedure comes into play, we should know what are the areas we have to create for standard operating procedures as everybody agrees, we are going to have three different goals and three different categories.

One is we are going to have short term goal, long term goal, and midterm goal, earning money not been major primary objective. We need to create different kind of standard operating procedure like calling for a research, scrutinizing the research and then defending the research and then coming out with certain kind of an offer letter to the research. All the SOPS have to be nicely framed and done and now we are going to not only talk about core core researches, we will talk about student category, faculty category and Practitioner category and that people can be core researchers and people can be part time researchers.

I think are we in a same page, can I take it, we are more or less in the same page, we will start making agenda accordingly.

Dr Saeed said

Yes, absolutely correct.

Dr Mahendranadh Reddy said

President Sahab Is that right.

Dr Akshay Bhargava said

Yes, sir one point if I add mahi sir, only thing whenever we meet next time let us define the outcome of the research. See funds should be allocated whether we earn or we don't earn but we are spending. If we are spending what we are spending for and what is the outcome, that is all I want. Like if it is a publication you can make something if it's going to be of anything of utility and deserves better merit let me decide on that. Because like you said that, today you said 15 tomorrow its 50- god willing we have more but only issue of mine is sir it's a small suggestion is merit should not end up. That we are only doing research. Anyway, all the HOD and the colleges are doing research. Every HOD every college is doing research for the publication and our aim, and even our journal is at that stage where we require only research for publication unless again a publication is there something like level of land set Sir, that is about it.

Dr Mahendranadh Reddy said

Now everybody will have their own assignment, everybody will try to get do the research on standard operating procedures, let us group them together, next meeting we will talk about standard operating procedures. Standard operating procedures starts with refining the research as Dr Akshay said. Unless that is there, I don't think what we are going to do, is going to be this confused this is what the first agenda means.

Agenda 2. MEANS OF RAISING FUNDS:

Dr Mahadev Shastry said

Now we have to decide about the next agenda which is means of raising funds for CPR.

Dr Mahendranadh Reddy said

Maybe we will have to elaborate it. Or shall we go ahead.

Dr Akshay Bhargava said

Dr Mahi maybe you will have to put off when there are two system going on nearby,

Dr Mahendranadh Reddy

I just put off and opened it now.

That sound is from Meena madam computer.

Dr Mahendranadh Reddy said

anybody giving some suggestions...

Dr Akshay Bhargava

Can you put it on screen mahi?

Dr Pravin said

I even also cannot hear clearly

What is the second agenda?

Dr Mahendranadh Reddy said

Second agenda am putting off?

Means of raising funds of CPR. Ok it seems to be very very difficult question to ask.

The third one is again definitely deferred because it is to be decide on allotment of funds not right now, as we are still on nascent level.

Let us talk about framing the Bylaws of the CPR.

Do you have the bylaws with you?

I think we have circulated on WhatsApp.

These are aims what normally we want to read. Can you people see it. Is that fine? Please go through. Comment on that let us have a kind of memorandum of articles, call it as a company, let's talk about constitution if you have a society .If you want I will put it little more, These are 8 aims that we thought ,if somebody wants to change it or you want some modification please let us know, if you want me to read it out I will.

Everyone- Not necessary sir

Dr Mahendrandh Reddy said

There was some objective which are coming up....7 objectives I thought completely done, covered most of it.

Dr Akshay Bhargava said

I think if you are developing it so well you could probably add mission and vision.

Dr Mahendranadh Reddy said

Where do you want me to add it?

Dr Akshay Bhargava said

Just like any standard, what is the CPR's basic mission and vision.

Dr Mahendranadh Reddy

I thought will have aims and objectives and will have a constitution kind of bylaws. How I do it whether we should have committees which are changing every two years, all those things come under bylaws, Guidelines. This is where we come up with IRB. Anymore adding on guidelines?

Dr Akshay Bhargava said

Yes, probably what would we follow on IPR, intellectual property rights, somebody says something.

Dr Pravin said

Can I talk 2 mins?

Another thing is institutional ethical committee is another angle because if you say we are calling for our ethical committee as a funding agency in that sense. There is something called as primary investigators own institutions where they also have to take some time for their approval of their own institution to carry out the research at their own particular place if it is multicentered every center has to get their own approval and so on, that point has to come here. if you are talking about ethical board.

Dr Mahendranadh Reddy said

Yes, coming under CPR

These are just basic roundoffs, and we are not going to finalize it and will circulate it and then we can add and come back to it, this has been done two years back maybe totally relevant now.

Dr Kanchana said

You should have component of animal research also in this. If you want to do something on animals.

Dr Mahendranadh Reddy said Dr Gopi, I think you are more qualified to talk about it.

Dr Gopi said

As madam said that as such research involves everything but there are certain things what madam has raised in terms of certain clauses for animal research maybe we will add it up, will check the draft.

Dr Kanchana said

Human ethics and animal ethics will come in that.

Dr Mahendranadh Reddy

This is what we tentatively made a draft of it I think all this is there in WhatsApp?

Everyone- yes, been circulated on WhatsApp sir.

Dr Mahendranadh Reddy said

I will put up the whole thing again and then you will have time to talk about it. Ok this is pretty long thing. Whatever people want to do it and then I will now create an email group also so that we can exchange things if necessary. This is what we have created from going through a lot of things.

Dr Gopi I think you remember that. We got all the materials, well and I still am throwing it open to all the committee members, just to see the whole thing and then we will meet on this separately or we can have two-point agenda one is this, other one is standard operating procedure. If you suggest so, because this is also important, SOP is also important. Actually, this comes before SOP.

Right?

Dr Kanchana said

Let's finish this one first and then will go to SOP.

Dr Mahendranadh Reddy said

How much time you people want to go through this and when can we put this agenda in the next meeting.

Dr Akshay Bhargava said

I suggest one-week Dr Mahi.

Dr Mahendranadh Reddy said

I think it's too short for anybody to do something and come back.

Dr Kanchana said

At least 2-3 weeks.

Dr Mahendranadh Reddy said

Let us go now with the ethical committee.

I want Dr Gopi to throw what are our thoughts are, I think you will be able to put it forward better Gopi

Dr Gopi said

Yes sir, thank you sir

Initial thought of ethical committee is evolved in the journal. Because now it is mandatory we need IRB and IEC for all publications. Down the lane it becomes mandatory in year or two of course it is being followed in lot of international journals. Without IRB numbers's IEC numbers or clinical trial numbers research cannot be published.

Maybe It might take some time in our scenario we have. IRB and IEC becomes mandatory for any research that is required of course we have IRB's and IEC's in all the Institutions where each and every person has got variable thinking. We need one board which is going to be more standardised, like once it is been appropriate board which is registered under the regulated authorities, in future may not require to have regional / subsidiary regional ethical committees to approve it. As long as it is within our country it may not have issues. It is going to be multicentric across different countries and we might have issues with approvals.

This is the basic requirement for any research and even what we think of funding proposals for future, it requires one board for approval of proposals and of course the structure of IRB and IEC is known to people. We have to follow our ICMR guidelines in doing things which we work on so this requirement from journal side made me to look through CPR especially to Dr Mahi sir. I told him about the requirements and he initiated this proposal in the head office to start an IRB and IEC to CPR board. We are in process of initiating it of course it requires some more time for us to structure and go on the procedures. Additionally most of time we had technical issues and glitches in getting it registered so we need support of our members , use their good offices in terms of getting it registered so that it becomes a more stronger board and an official board from IPS.

Next it is in terms of visibility for CPR also. We have been to IRB of few institutions in our country. Some institutions don't have IRB and IEC. So in case they don't have it we can make it mandatory and they can go through one of the IRB and IEC boards or our society boards which is more practical and easy for us to get it cleared and get some recognition for CPR.

So, this improves our citation like council of Prosthodontics research has approved it and published it in journals and improve the visibility in a better way.

As we all know IRB and IRC is mandatory so we have to start somewhere and we need support for that in terms of getting it registered.

Dr Mahendranadh Reddy said

I suggest we form a small team for this. Obviously, I cannot take every body as Praveen and Jacob are outside and they will not be able to help in forming the committee. We will form a 4- or 5-member committee.

One I want Dr Akshay to be there because he has promised that he will get it registered. Because he has something there with something in my mind, I am just telling you.

Akshay you have to do this before you take up the office to get on the chair.

and you have only 7-8 months more.

Dr Akshay Bhargava said

Yes, Definitely

I just got my university's IEC and DFIR both, we will definitely work on it sir.

Dr Mahendranadh Reddy said

Dr Gopi will be in the board. Secretary, president and chairman will always be there need not be under the board. I want two more names to be nominated by themselves, Dr Saeed can I take your name or Kanchan madam.

Dr Saeed said

yes, sir no problem

Dr Mahendranadh Reddy said

we actually had one list already made ,committee will do it and present it in a simple presentation which can be included in the next agenda which is going to be for three weeks as people asked. I think next month we are going to meet on this and let us finish off before that I want all the committee members to go through this. If anything that you want to add or edit , let's talk about our memorandum of articles. And we will talk about SOP, the best thing is we don't try to do all SOP. Can I suggest that we will start only on SOP and inviting research, is that fine? We will take one part.

Dr Praveen and everybody I think we will be able to do a standard operating procedure for inviting research. In all 3 categories short-term, mid-term and long-term objectives and before that we are trying to define what is research according to us. What kind of research we are going to accept? With these 3 agendas we are going to meet, I think everybody can open there calenders unless you want me to open it on screen.

Dr Akshay Bhargava said

Mahi what about IEC?

Can we start working on that?

Dr Mahendranadh Reddy said

IEC

Already we have started working on that committee and then before one or two weeks we are going to come out with the members who are supposed to be there. what all documents has to be done we will start doing it.

Dr Akshay Bhargava said

Yes, documents I am interesting in.

Dr Mahendranadh Reddy said

Does not involve people to talk on that little more because it is decided that we are going to have an IEC and it is a job of 3-4 people committee to put those names into it. We will attach all the documents whatever is required if you can send it to us and if it has to be done from here. We will send all the documentation with an application that we are starting this with the names and with their consent forms.

Atleast one agenda is positively completed nothing else is in agenda is completed.

Dr Akshay Bhargava said

Good good, great that is not also a small job.

Dr Mahendranadh Reddy said

Now let us in march

Let us talk about the date. Suggest? Date and time?

Dr Rupesh said

You propose the date sir

Dr Mahendranadh Reddy said

I should propose the date. Ok

Dr Kanchan said

Yeah .Yeah .Go Ahead

Dr MAhendrandh Reddy said

3 weeks is again 28 , 29 kind of a thing. Shall I say end of the month. That is on Monday , Tuesday . 30th is Thursday .Should we do it on Thursday? Tuesday or Wednesday. End of the month, Last day. 31st of March.

Dr Rupesh said

Yes Sir

Dr Mahendrandh Reddy said

What is the convenient time. Just mind you there are 2 people from Malaysia who are 2hrs ahead. Praveen and Jacob. Is this time Okay with you?

Dr Pravin said

Absolutely fine. No problem. Its 10:30, 11

Dr Akshay Bhargawa said

Why not 28th Mahi. Why not Sunday . Why push it on working day.

Dr Mahendranadh Reddy said

I don't want to occupy family time of everybody. Otherwise they'll kill you. And that too its second show time.

Dr Rupesh said

Yes sir . So 31st 8pm.

Dr Mahendrandh Reddy said

31st 8pm – The agenda is

1. definition of research and we are going to do
2. we are going to have a one standard operating procedure for calling research work
3. We are going to go through whole memorandum of articles kind of a thing. Adding division. This everybody will participate in this. Come out with a thing. I think we should complete it.

Now Rupesh we have taken a decision that we are starting the work on review board and whenever there is a necessity of money, I will only communicate to you. I think it will be released, we will take the funds only when we need it. I have not even opened up a bank account. I don't think we need a bank account right now. Let us not confuse too many things. We will take once we start up the whole thing then will have separate account till such time, I don't think we should do.

What do the members say for this?

Everyone- Agree

Dr Kanchana said

I think it's quite agreeable, bank account is a procedure once we channelize, we can do it.

ANY OTHER MATTER:

Dr Mahendranadh Reddy

And any other Matter I have one thing which is been sent to us. There's is somebody called Jayanth Palaskar who has sent an application and requested his research to be funded. He already has a grant of 50 lakhs , he seems to claim to spend around 50 lakh and he is trying to send us too many messages. Anyway we are not going to get bogged down over this messages, that's a different story. He wants our maximum support to do this device. As a chairman I think we are not yet ready and the procedures are not yet ready. I think we will write back to him and say we are still in the formation time. It may take time but once SOP for calling for all those Funds is taken up, then only we will be able to entertain till such time ask him to support himself. is that fine?

Dr Rupesh said

Yes sir

Everyone- yes sir

Dr Kanchana said

Yes, sir too early to commit.

Dr Gopi said

Sir is he requesting only for funds or any technical support from us.

Dr Mahendranadh Reddy said

He only wanted funds and I have no comment because I don't know what exact stage he is in. He is saying, he is developing a 3 in one device and has spent 1 crore and if it's worth how do we scrutinize this? This is a perfect example for us to do SOP.

If someone says that he has claimed to spent X amount of money , Are we going to scrutinize whether it is actually required or are we going to scrutinize whether he has spent that amount of money or are we scrutinizing and coming in relation to how much it actually cost. Hence it's going to cost X amount of money or we will only support part of X amount and the rest will come out from so and so. These are the perfect study case for us start putting SOP.

Dr Saeed said

Actually, I know Dr Jayant Palaskar, Dean faculty dentistry in our university, Nasik and his project on simultaneous recording of vertical relation along with centric relation device which is US patented that I know. That I rightly pointed out that Funding from multiple agencies is a matter of concern and we need to put in a clear cut guideline as to when do the people qualify to have funding from us. If they have any other funding that is first and second issue of IPR is that if we are sponsoring and if there are few other agencies who are also sponsoring , what happens to the intellectual property rights of the product that is being developed. That also needs to be thought about.

Dr Mahendranadh Reddy said

These are all SOP madam; this is a perfect example what all to look into it. Whether claims are good. He already has a patent, then we have no share in the patent for the manufacturing, are we going

to fund the manufacturing. No I don't think so, if it is a research we are not manufacturing or we are not a startup company, it's not an angel funding company, this is where we need to decide.

If already patent is there, what is the research he is going to do.

If he is trying to get a research or improvement and or a second version then it becomes a research. That means he has to present it properly and convince all of us so that we say its still under developmental stage. After he develops, he is going to scale up the quantity and selling it off as a result we are not much into it as an angel funds. Praveen you have been very quiet, Jacob I don't listen to you at all Jacob please open up.

Dr Pravin said

Yes this is absolutely right, these are all under SOP, these are classical examples of conflict of interest which party is to get interest and you have to really spell out all those details. At every point of process right from calling for applications , selection of applications and approvals and so on to till the time of grant and release get something out of that tracking in the research work. Every yearly progress reports or three monthly progress reports, completion of reports, then publication of reports. It's a whole process sir. It is huge thing to work now for one month I guess. I am now just like missing in the sea. What exactly you want us to develop from this coming month. What exactly I want to create.

Dr Mahendranadh Reddy said

One month the task is

1. Writing how many SOPs we are supposed to have to call for research, conflict of interest, how do you fund, what is the patency, if at all funding patency what is the royalty, you put all the side headings for the SOPs.
2. SOP per say for calling for research. You can send this on WhatsApp for SOP to be created.

Everyone is in page

Dr Pravin said

So, what types of forms we need to create. Once you decided what types of list, forms, procedures and SOP's and in each SOP what points have to be mentioned, developing the whole list, developing the whole content and each component as well.

Dr Mahendranadh Reddy said

Just to make people understand how the SOP works we will try cut copy and paste only on call for research.

Dr Pravin said

Is it ok if we keep some drafts, word file and keep posting on whatsapp group everybody can comment on that?

Dr Mahendranadh Reddy Said

Once I have a reasonable amount of data coming in that, I will make a google form in which we can edit the data.

Dr Kanchan said

Let one person edit that

Dr Mahendranadh Reddy said

No madam everybody can edit that, suppose if I say, If I edited and someone don't like it the comment will be seen, it is like Wikipedia everybody can edit!

Dr Pravin said

Everbody at the same time 16 people can sit and can edit, nice one

Dr Kanchan said

These four committee members which you have formed are me, Sae, Bhargava and who is the fourth person sir?

Dr Mahendranadh Reddy said

Madam there are two people, what you are supposed to do is we will share with you what we have formed. It is there with me and then we will come out with the names and all the documents we will take care of it. You should go through it and you can say we need a lawyer, tell me the lawyers name. Suggested lawyers name we will debate it. If you have 4 lawyers we will debate who is the better lawyer and documents like IPS registration form and all I will supply the documents.

Dr Kanchan said

OK

Dr Mahendranadh Reddy said

You go through it you get the IRB board constitution and guide us in bringing those people. I can't get members from Assam or one member from Kerala. It is difficult because as most of it will happen in one central base, we will try to build up people from here.

Dr Kanchan said

Ok

Dr Mahendranadh Reddy said

Dr Gopi any questions or clarifications,

Dr Gopi said

no sir fine

Dr Sae said

Sir regarding formulating SOPs I had mentioned in my suggestions that we can put up with the research thrust areas or priority research areas or should we do it later.

Dr Mahendranadh Reddy

Priority research stretch area is something different.

Firstly, we should understand how to operate the CPR for E.g.:

1. How do we call for research

2. How do we assist for patency

3. How do we call for IRB board and how do we run IRB board and what are the standard SOPs who will head it, how do we present the case, how does the discussion happen, all those things will come in that, etc. Once again in the SOP of IRB, there is a SOP for conflict of interest how do you define conflict of interest how do you solve it. These are all there in the procedures.

After all this is over the area of interest is again debatable. If this committee says we want to work in this area next committee may say no we will work in this committee. Its upto the them.

Dr Saeed said

Exactly what I was pointing out. In the meanwhile if we can conduct an opinion survey of the prosthodontists simultaneously we can finish.

Dr Mahendranadh Reddy said

You are eagerly heading without forming the basics of it. Once we form this, we have our constitution ready then we will do a survey on it.

Is that fine?

Dr Rupesh said

We need a nice logo

Dr Mahendranadh Reddy said

CPR logo is approved, modified by our founder member from Chennai

Sir has tweaked it slightly

Let me say it was a Wonderful meeting all of you people. I think this is one of the meetings that we have no crossed talks, very very clear. Hope all meetings will happen like this...let us stick to the agenda and complete.

Say vote of thanks

Dr Mahadev Shastry said

I thank all the members for attending the meeting and supporting towards the CPR. I end the meeting. You can call me up anytime and let me know the comments in the CPR whatsapp group.

Dr Mahendranadh Reddy said

I wish everybody good night we are meeting on 31st At 8pm unless there is a change. We will keep this on.

Good night all.