



DO WE NEED CHANGES IN DENTAL EDUCATION?

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Professional dentistry in India traces back its origin in early 20th century. First dental college in India was established by Father of Indian Dentistry Dr. Rafiuddin Ahmed. Since then, dentistry has flourished in India and collective oral health care has improved across the nation. Dental education in India is regulated by a statutory body called Dental Council of India that was incorporated in The Dentist Act 1948 in the constitution of India.

Upsides of Dental Education in India

- A well researched undergraduate and postgraduate curriculum which is regularly revised to keep up their newer advancements.
- A practical approach to both undergraduate and postgraduate courses along with theoretical aspects ensures clinical efficiency.
- Continuing Dental Education(CDE) programmes reinforces technicalities and introduce reforms based on current advancements.
- Recognized short-term diploma courses emphasizes on specific dental specialties (laser dentistry, implantology) thereby improving clinical work.
- Recognized diploma courses for dental technicians ensues superlative dental

services i.e. important laboratory tasks are undertaken by qualified and skillful technicians.

- Bachelor's of Dental Surgery is a 4+1 course with one year of mandatory rotatory internship programme instills clinical cognizance and inter personal skills thereby concluding the course in the most consummate expertise enabling budding dentist to face clinical challenges in future.
- Students are efficiently motivated and guided to take up social responsibilities as a Dental surgeon. Initiatives like urban/rural camps help in raising awareness the ignorant population which is of utmost importance to curb various oral diseases.

Downside of Dental Education

- The examination pattern followed in Pre-medical tests conducted by authorities of Health Sciences Education (National and State) proffers medical seats to aspirants with higher grades while those with comparatively lower grades can opt for dental education.

This inequitable pattern has been followed for a decade now, renders dental education menial to medical education which is abysmal because multi-disciplinary health



care facilities ensures a healthy society and hence, both physicians and dental surgeons play a vital role in maintenance of community health care.

And the same pattern is to be held accountable for pay/remuneration disparity, prejudice towards dental surgeons as they continue to sense reluctance to be considered as doctors. Undoubtedly, status quo is dismissive of dental education.

- Lack of insight in 9 diverse subjects in final year of the undergraduate course which is often responsible for drop in passing percentage as compared to the preceding year.
- Rotatory internship programme is often underpaid and even unpaid in certain institutions despite the fact that Dental Council of India directs dental institutions across the country to offer paid internship per day.
- Unsatisfactory clinical experience until the start of internship.
- With increase in number of Dental Colleges across the nation, marked degradation is observed in quality of dental education due to non fulfillment of standard protocols. According to an estimate, there will be a surplus of more than 1 Lac dentists in India by the year 2020* but the question here is “Are we producing skillful dental surgeons?” and “Will the surplus contribute in improving oral health care facilities in the country”?

- Activities undertaken to promote social responsibility is rather carried out in a perfunctory manner.

Possible reforms in dental education

- Riddance from inequitable pattern allotment of streams in Pre-Medical tests rather than being subservient to the status quo.
- Clever distribution of 9 major subjects by splitting the curriculum in third and final year which will enable students to develop a better understanding of all the subjects.
- Rotator internship programme should be paid strictly as per the norms of Dental Council of India.
- Students should be motivated to assists interns, residents to gain clinical experience along with theoretical understanding.
- Colleges should be motivated to abide by standard protocols regarding infrastructure, staff and technical facilities as per the norms of Dental Council of India to ensure premier quality of dental education.
- Throughout the undergraduate and postgraduate term, positive reinforcement regarding social responsibilities needs to be undertaken with to achieve a collective goal to improve the current status of oral health care in India.