Dental Education in Pakistan: Current Trends and Practices

Muhammad Amin and Bilal Ahmed

Dental profession represents an important segment of human health services around the globe and is expanding at an enormous pace. Like all other components of human health-related services, dental and oro-facial health teams are striving hard to excel in provision of high quality services to all parts of human population. The new scientific revolutionary era of molecular biology, genetic tissue engineering, bioinformatics and nanotechnology appear to reshape the current trends and practices in dental care education, services and curriculum designing. Internationally, there is a paradigm shift to new research-based, objectively structured and clinically oriented curriculum, which should not only be able to produce health care professionals with a broad knowledge and expertise of existing medical and dental scientific concepts, but also with a vision to develop new strategies in prevention and management of human diseases with a major emphasis on evidence based clinical practices.1

However, available health education systems both in under developed and developing countries, especially when discussed in relation to dental profession's education in Pakistan, appear to lag far behind in this revolutionary era of scientific development. Current trends in dental health education and existing curriculum designs are unable to serve the dental students, professionals and patients to benefit from the modernization of established scientific concepts. Presently followed and practiced clinical dentistry concepts and techniques are perhaps rather old and mainly focus on the symptomatic relief of oral health related issues and rehabilitation or repair of damaged or lost natural body parts. The very important components like oral health care education and prevention of these disease conditions are greatly neglected in the presently working system of dental health education. The community based dental programs are still in an infancy stage and are suffering from the neglect of higher decision making bodies and even of the dental professional organizations. The supportive utilization of print and electronic media to spread the health care awareness to masses is still an unknown facility. The assimilation and incorporation of recent advancements and technologies has been very slow in the existing dental education system. There is a major deficiency of the highly educated, technically skilled personals in most of our dental educational institutes. There is also a deficiency of modern, state-of-art equipments especially when it comes to research infrastructure. This is probably not due to lack of financial resources, but mainly due to lack of awareness, limited global vision and/or neglect from the responsibilities towards the rights of the dental profession. This deficiency is in no doubt, going to affect the existing international standing of the human resources and will directly damage the local and national socio-economical status as well. There is a dire need of revitalizing the current curriculum designs, education style and technical facilities to keep ourselves abreast with the modern world. There should be a paradigm shift towards research oriented and clinical based scientific methodologies with emphasized training on medical jurisprudence and human consumer rights as well.

However, this continued evolution will be a hard task for the faculty, administration and external constituencies because of its high cost, overcrowded schedules, unique demands of clinical training, changing nature of teaching/assessment methods and a large scope of new material impacting all areas of dental educational program.2 In our educational system, there is still a lack of adequately trained and experienced professionals both in basic as well as clinical subjects. There is a significant deficiency of research oriented atmosphere at institutional level, which is making latest scientific information difficult to be implemented and integrated in the clinical practices.

In the light of all this discussion, the recommendation is to undertake and implement an immediate up-dating and re-designing of the existing dental curriculum. It should be redesigned keeping in view the national and international requirements of the health profession and available resources at our ends. All the stakeholders of the profession should be taken into confidence and their feedback should be given due importance. There is also a recommendation of establishment of a separate national Dental Council, so that evaluation, recognition and structuring of dental profession can be done on independent basis. There is also a need to develop and implement a Dental Practice Act on national level, as it is a valid practiced law all over the world. The duration of basic dental graduate qualification should also need to be re-assessed, and may be increased to a 5 years.
These basic dental graduates should be given more chances of developing a research oriented attitude and they must pass through a mandatory supervised clinical exposure of not less than 2 years, before they can proceed to either their postgraduation or their independent private practices. They should work as Senior House Officers at community level health centres under supervision of senior dental officers before offering them independent responsibilities. This practice should also be mandatory for inclusion in all sorts of public and private sector jobs.

The number of available facilities for postgraduate programs in dentistry should also be increased. These graduate and postgraduate programs should be provided international accreditations, so to facilitate the local graduate and postgraduate dental professionals to be a part of the international dental community. This in turn will be a big source of highly skilled human resource export that can help to rebuild the country's economical as well as social image. However, these international affiliations and recognitions will not be possible without developing a true research culture and acquiring skills in medical publications and documentation of the facts and findings of our academic work.

These changes require an urgent attention by the concerned policy making authorities and should be addressed as early as possible. In this context, guidance can be achieved from the revolutionary work models done at University of Connecticut, School of Dentistry, USA, University of Texas Health Center at San Antonio Dental School, USA, and Marquette University School of Dentistry, USA. These models represent curricular changes and educational approaches that support research/scholarship, evidence based analysis, and inclusion of new sciences in dental education and practice, acting as disruptive innovations in dental education. This also has the potential for establishing new consumer bases for the science and technology products. An adequate appraisal and implementation as per local needs can go a long way in enhancing the standard of dental education and ultimately the services.

REFERENCES