

## Reforms in Dental Education – Are We Shying Away

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#### **Abstract:**

*The enactment of Dentist Act in 1948 and consequent formation of Dental Council of India in 1949 paved the way for professional dental education in India. Still the approach to dental education in the country needs the much needed reforms as there is a failure to incorporate current methods of evidence-based education. Inclusion in the curriculum of newer specialities such as implantology, laser dentistry and forensic odontology would be expected by the young graduates as a means to advance their professional and practising skills, and open up a lot of opportunities to them. Currently the contribution to the research field is abysmally low in comparison to the other counterparts. This is one area which needs to be given the right thrust by way of incentives, scholarships and avenues for career advancements. Major reforms are the need of the hour in our dental educational system which will generate interest and enthusiasm for practice of dentistry in general, and particularly in rural settings. If this is not achieved, then we will simply not be keeping pace with, or be responsive enough, to changing patient demographics, patient desires and expectations.*

**Key Words:** Evidence Based Education, Research, Newer specialities.

The practice of dentistry in India is no less than ancient, with references to dental hygiene in the literature of those times and Dental education being an integral part to the universities of Nalanda and Taxila. While this public awareness and academic emphasis perhaps waned to an extent, there was a resurgence following advent of British rule and thereafter. The enactment of Dentist Act in 1948 and consequent formation of Dental Council of India in 1949 paved the way for professional dental education in India. Since then the curriculum has been revised few times more as an academic activity focused on carving out emerging specialities from the existing ones without touching the basic concept with which it emerged. However, the approach to dental education in the country needs the much needed reforms as there is a failure to incorporate current methods of evidence-based education.

In the newer teaching and learning methods, the focus has shifted away from conventional lecturing and practical training to problem or case-based learning, small group discussion, assignments, mentoring, comprehensive oral health care and general dentistry. The evaluation, too, needs to include objective structured practical/clinical examination (OSPE/OSCE), competency assessment and the like. Currently we must strive to be in a position to integrate the preclinical and clinical components of dentistry, and of dentistry and other health disciplines, thereby providing the students the opportunity of proper vertical integration of the course. Interdisciplinary knowledge would also hold a good exposure and promise for the students in advancing their careers in future.

A special emphasis is very much needed in emerging areas such as special health care needs,

geriatric dentistry, infection control and asepsis, basic life support, and soft skills such as communication skills, critical thinking, and practice management. Inclusion in the curriculum of newer specialities such as implantology, laser dentistry and forensic odontology would be expected by the young graduates as a means to advance their professional and practicing skills, and open up a lot of opportunities to them.

Research and the exposure to it for the undergraduate and post graduate students along with the teaching community has been one of the major areas which has been neglected right from the beginning. It is only in the last few years that the importance of research has been considered to a certain extent, though on a minimal scale. India as a developing country needs to contribute to a greater extent taking into consideration its vast population, which enables a huge clinical material for advancing research activities. Currently the contribution to the research field is abysmally low in comparison to the other counterparts. This is one area which needs to be given the right thrust by way of incentives, scholarships and avenues for career advancements.

Major reforms are the need of the hour in our dental educational system which will generate interest and enthusiasm for practice of dentistry in general, and particularly in rural settings. If this is not achieved, then we will simply not be keeping pace with, or be responsive enough, to changing patient demographics, patient desires and expectations. The profession will loose on its sheen and there will be very few takers for the professional courses. It is high time the Dental Council of India, Central and State governments and universities realize and address these issues on a

priority basis and make the profession beneficial for all the stakeholders including students community, teachers, professionals and patients and march ahead with the nation building at least in this area of expertise.