

Evidence and Existence of Dental Education System in India

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Abstract

India is a vast country with a population of over 1.1 billion people. Dental education in India was established 91 years ago, when the first dental college began in Calcutta, which was introduced by Dr. Ahmed in 1920. However, in the present date, nearly 290 dental colleges exist in our country producing over 25,000 dentists each year. Dentistry in India is currently being challenged to maintain the professionalism. This is partly a result of pressures applied to the education system. The purpose of this review article is to throw light on the evidence and existence of dental education system in India.

Keywords: Dental education, Dentistry, India

INTRODUCTION

Dental education in India has made tremendous progress and is heading towards advancement in every aspect, bringing revolutionary changes in the present scope and sphere of oral health. Like other branches of medical education, dental education in India has also received incredible recognition and acclamation over the years. Thanks to the passion and fervor of the pioneers who have toiled hard for the betterment of this noble profession. The Historian Dental Act was passed by parliament in the year 1948 and since then dental education has received accolades and approbation from all the corners. I take this opportunity to salute Dr. Rafuddin Ahmed, "Father of dentistry in India." It is his dedication and hard work that, we stand today as the oral health care providers.¹

Today we are ranked number one as far as the growth of dental college is concerned, but the scenario is not pleasing. In spite of 289 colleges in India, producing about 30,000 graduates every year (Dental Council of India's

[DCI] - 30,570/year), oral health of our citizens does not measure up to the mark, especially among those living in rural areas. This has resulted in severe imbalance and disparity between urban and rural population as well as rich and poor. Majority of dental surgeons passing every year are interested in practicing in urban areas only, for securing better prospect and better income.¹

PAST EVENTS

The presiding deity of Bastar (The Goddess of the tooth - Danteshwari): Danteshwari is a temple in the town Bastar of Jharkhand. It is believed that the tooth of Sati fell here where this temple is located today.² Lord Krishna in Mahabharata wanted to test the "dana veerata" of dying Karan in the battlefield of Kurukshetra disguised as a Brahman, Krishna asks for gold in donation and Karan proved his worth by donating his gold filled tooth. This part of the epic indicated the existence of dentistry even around 2500 BC, where defective teeth were restored with gold.² In 1924, the 1st Dental College of India was established in Calcutta by Dr. R Ahmed. In 1933, the Nair Dental College and Hospital came into existence. In 1938, the Govt. Dental College, Bombay, was started and thereafter, there was no looking back.²

Facts and Figures

When we compare the dentist: Population ratio in India to that of America, America has a population of nearly

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33 crores, and there were 108 dental colleges. However, considering the dentist: Population ratio and excluding the number of fresh dentists graduating every year, the number of dental colleges in America has now been reduced to 58. Thus, comparing to the ratio of dentist: Population of America, India should have only 119 colleges against 289. WHO recommends the dentist: Population ratio to be 1:7500. Dentists-to-population ratio of India, which was 1:300,000 in the 1960's, stands at 1:10,000 today.²

Present Scenario Regarding Number of Dentists in India

A very critical question to be answered is that are we in reality facing a shortcoming of the dentists. For answering this question, we should know the distribution of dentists in India. The problem lies at the level of distribution rather than the number of dental surgeons. The majority of the dentists work in major cities in India. However, the majority of the population resides in rural areas. A very meager percentage of oral care services are provided in the rural areas. However, oral health seeking behavior is also very low, especially among the rural population, thus resulting in a very miserable equation. In spite of the vast workforce of qualified dentists in our country, the most fundamental oral health education, and simple interventions are also not available to a vast majority of the population and this is the misery of the whole scenario.² Consumption of tobacco in various forms is high and is on the rise. High incidence of oral cancer, dental caries, (decayed, missing, and filled teeth <3) and periodontal problems has been observed. Many areas have high fluoride in drinking water; this has been used by anti-fluoride lobby to prevent any national policy on the use of fluorides for controlling dental caries.³

DENTAL COLLEGE SYSTEM IN INDIA

DCI was established as a result of the Dentist Act of 1948, which was intended to regulate the dental practice and promote scientific advances. DCI is still the premier governing body of dental education of India. Its responsibilities include the regulation of dental education, profession, and ethics and liaising with the government to obtain administrative approval for dental colleges and higher educational courses. Dental colleges of India fall into one of the three chief categories: (a) Government dental school, as a part of a government university, (b) private dental school affiliated with a government university, and (c) private dental college as a part of private university.⁴

LICENSE FOR DENTAL PRACTICE IN INDIA

India does not employ a uniform, nationwide dental licensure examination such as the NBDE in the United

States. At the time of graduation, all students in Indian dental schools receive both a B.D.S. diploma from the University and a certificate of successful completion of the 5-year curriculum from the dental school all together with state-approved dental licensure. Successful completion of the 5-year curriculum implies that the dental students have passed professional examinations at the end of each of their 4 years. In this sense, professional study, which include both theory and practical/clinical elements, comprise the dental licensure examination in India. In addition, dental school graduates must register with a state and national governments by submitting the aforementioned certificate and applicable fees. Dental licenses are issued by the state government and helps in regulating the dental practice through state law under the supervision of Ministry of Health and Education of the respective state.

Dental Education Model

Innovation is the key to success and therefore boosting research culture among students is important. Invention and creativity are the basic elements of the fundamental research. This is required to be pursued by the educational institutions. Series of publications are coming up divulging novelties in dental education. The quest for knowledge has taken man to the uncharted domain of ages. In modern set up, feeding the embodiment of research leads to new invention and discoveries that enrich the life of a human being in different ways. The upcoming dental graduates need to be prepared for ideal dental practice as well as genuine dental research. Hence, the availability of clinical material is of paramount importance. The dental faculty should dwell into exploring ways and mean of incorporating clinical training and amalgamation of dental education and research so that young graduates can become self-sufficient, self-reliant, confident in discharging their moral duties to the nation. Indian dental students at an undergraduate level may need additional education and clinical training. The change in dental education metrics and practice regulations makes it difficult to develop a set of globally acceptable standards for curriculum and outcomes. Our aim is to be primarily educational and secondarily vocational. Primary goals include the development of a knowledge base for problem-solving, fostering of an inquiring mind, and a critical appreciation of new development. Secondary goals include knowledge of human behavior, and skill in patient management, assessment, diagnoses and treatment planning. The educators must formulate policies that will approach challenges in a positive manner and provide a realistic reasonably sound solution. Some concepts that if executed will provide good results are as follows: Globalization of dental education; introducing new dental colleges in rural areas; initiating new venues for practice

in three tier cities and rural areas; state government to integrate dental health plan in their scheme as a matter of prime concern and create framework for dental clinics at civil hospitals, primary health center, sub-centers as referral hospitals in rural areas; and check with dentist: Population ratio.⁵

CONCLUSION

On the other hand, continuing education is a proceeding approach that allows clinicians to upgrade their theoretical knowledge and practical skill on the endowment of long term clinical practice. There is a continuous need, and we have to overcome the difficulty to ensure that a range of courses is proposed at the appropriate academic and clinical level.⁵ India surely is developing to be a country of “Science and Spirits” and would be a nucleolus of all

global standards in dentistry. In short, keyword for future is dentistry India.⁶

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