EDITORIAL

NATIONAL ROAD MAP TO PROMOTE DENTAL EDUCATION VIA TEN COMMDANDMENT RECOMMENDATIONS FOR PAKISTAN-OUR PERSPECTIVE

This editorial is being shared to honor academic contributions done nationally for dental profession, to honor all related Medical and Dental Academicians affiliated with CPSP for their primary pioneer roles for dentistry and to suggest future directions for development and excellence for dentistry in Pakistan. This includes, starting honor Postgraduate Fellowship and other University based Masters Programs in Dentistry and thus providing a face lift for our dynamic and evolving Oral Health Profession in Pakistan. This Guest Editorial plays its three pioneer roles as under:

- To increase national editorials and promote dental education-a new specialty, as our professional needs are different in comparison to Medical Education.
- To acknowledge efforts of all health professionals related to CPSP for initiating postgraduate fellowship & other masters programs in dentistry.
- Suggest future directions for excellence in dentistry, as a national agenda.

Liaquat University of Medical & Health Sciences (LUMHS) holds the honor to be Pakistan's Pioneer Public Sector Medical University & was established fourteen years ago to cater to the needs of: medical-dental profession, all related allied health professions, develop competent clinical skills and delivery of research output¹. In this regard, we support similar work documented for medical fraternity and regarding the same, we hope that, this editorial would serve as a national pathfinder document for our manually dexterous oral health profession in Pakistan². Dental Profession is indeed grateful and acknowledges the vital leadership roles of Prof. M. Sultan Farooqi, Prof. Zafarullah Chaudhary and their respective teams, representing the College of Physicians & Surgeons of Pakistan (CPSP) from 1994 till date for playing their pioneer national pivotal academic roles for starting Postgraduate (PG) fellowship programs in dentistry. These above

pioneer leaders were instrumental to start Fellowship/FCPS training programs in five clinical dental specialties: Oral & Maxillofacial Surgerv (OMFS), Operative Dentistry, Orthodontics, Prosthodontics ጲ Periodontology at a time when PG dental specialists were almost non-existent and we had only a hand full of qualified persons in Pakistan. Thereafter, CPSP provided oxygen & strongly supported our dental profession, enabling us to stand on our feet. In addition, we also acknowledge all the CPSP passed dental specialty fellows-presently for being the largest number of PG Specialists in all clinical disciplines throughout dental Pakistan, produced by CPSP. They are responsible for playing their leading academic roles in Pakistan to start postgraduate programs in basic & clinical dental specialties. This landmark present status for dentistry just could not have been possible without the support of medical fraternity to initiate Fellowship & other University based postgraduate masters programs.

The ten commandment recommendations to attain excellence for our present dental education in Pakistan should include: integration, modular or similar in-vogue modern teaching trends. Amalgamated ten recommendations are as under:

 \triangleright Teach 1st & 2nd year MBBS students, basics of all dental profession subjects taught to BDS students. The objective is to create awareness about dental profession & association of oral health disorders with patient's general health with the outcome to provide better patients management. This challenging & unorthodox rationale is suggested because, dental students study all about basic human health issues via all respective basic medical science subjects, which are similarly also taught to MBBS students. The same is also taught at a superficial level in BDS program from 1st till 3rd years. We feel that, medical students

are totally unaware about our dental professional needs, basic oral health issues & their relationship to patients' general health care. This situation we feel is due to presence of multiple misconceptions among medical specialists regarding provision of dental treatment. This suggestion is based on the corresponding author's personal experiences faced in last 2 decades and the same shared by our colleagues. The decision for approval is to be taken by medical and dental fraternity at PMDC and HEC stake holders. This new concept as per our understanding will decrease professional gaps, create stronger ties amongst medical & dental professions and the outcome yield: develop strong patient care in terms of quality and research. The future medical graduate would better understand our dental profession. This collaborative treatment approach, as our perspective is the need of the hour and who knows, West may also follow this concept. We feel, that this new idea via research exploration would produce interesting findings^{3,4}.

- Develop & introduce Oseven new undergraduate specialties:
- which are taught internationally and nonexisting in current BDS program in Pakistan: Bioethics, Behavioural Sciences, Forensic Odontology, Pediatric Dentistry, OMF Radiology, Research Methodology & Biostatistics and Geriatric Dentistry⁴⁻⁷. Identification of above stated 7 specialties was the panel discussion outcome achieved at, Pakistan's Pioneer National Conference on Dental Education, held on 14th-15th Nov 2014 at LUMHS, Jamshoro. The implementation of this proposal will ultimately produce better gualified dental graduates to meet all associated future challenges. These recommendations have been forwarded to PMDC & HEC stake holders from LUMHS for necessary implementation throughout Pakistan by all Dental Colleges. Similarly, charter on dental education proposed at Pakistan's Pioneer National Seminar on Dental Education held on 25th February 2015 at

Karachi- Governor's House Sindh, signed by all related stake holders should be implemented with support from HEC, PMDC and others concerned throughout Pakistan, to move towards international standards. Charter consists of 5 pillars as under: Introduce above stated seven specialties, change BDS degree nomenclature to DDS, upgrade dentistry as a 5 year program, form dentistry specialist register, implement dentistry curriculum approved by PMDC and HEC.

- \geq Establish Dental Practice Act & form separate dental council, to address our own professional needs, as practiced Internationally^{3,4}. Form dentistry specialist register/ specialty board for basic and also for all five clinical dental specialties & revalidate rules step wise to Practice License by related national stake holders^{4,6}. It is time to also address the dentistry quack matter, form a strategy to train - absorb them and form treatment limitations with time bar of 2018.
- > Form, National Commission for Dental Education Pakistan (NCDEP), similarly formed internationally. This body should consist of the following: only professors having major PG qualification working as Deans/ Principles/ VP at all Medical University based constituent dental institutes from public & private sectors in Pakistan, CPSP Dean of Dentistry, HEC and PMDC dentistry representatives, head Armed Forces Institute of Dentistry, members from judiciary and federal government representative. NCDEP should work under federal minister health and address national policies to promote dental education, promote dental faculty rights etc; elect a president on rotation from each province, secretary and registrar for 3 years via electoral process.
- Time has come to introduce elective/ optional subjects, like philosophy, music or arts etc in BDS graduate program as done internationally to produce competent oral health physicians and to develop their lateral & critical thinking. Similarly our BDS students in their pre-clinical years

should be sent on rotations to all clinical dental departments, as done internationally for all associated positive reasons.

- Re-structure dental education/ curriculum, introduce new specialties as per resolutions passed at Pakistan's Pioneer National Conference on DE & emphasize to introduce: student centered teaching, professionalism, ethics, morals, dignity, sympathy etc as non-academic attributes^{1,7-} ⁹.
- Emphasize on prevention of oral health occupational hazards, role of modern junk food diet on oral health, unforeseen IT associated health hazards & associated environment issues with general & oral health in our existing dental curriculum as future challenges^{3,4}.
- ➢ Introduce and promote spokes of Intellectual Wellness wheel awareness in dental profession and make efforts to organize regular annual extracurricular & competitive sports culture facilities for students, dental faculty & support staff. Regular sports competitions be held at city, provincial & national levels in-fact a National Dental Sports Gala-for dental profession should be held annually. Separate annual oral health financial budget 2% of the total be fixed in terms of overall GDP, to permit growth of dental profession^{1,4,10}.
- > Specialty of community dentistry needs to play much stronger active role to address social determinants of oral health for our country needs and as a team should work with maxillofacial surgery & other related clinical dental Specialties. It needs to redefine its active roles to: educate community, create awareness about common oral health disorders-like rampant caries in children etc, promote research as a team, form guidelines for prevention of oral cancer-establish its national registry desk, considering the social issues of our country^{1,3,4}.
- There is a dire need to re-visit existing open merit admission policy for BDS students, as female dental graduates

forming majority per year are unable to serve the patient community and our Professional needs, in terms of service. This current situation, associated reasons and overall issues need exploration via research and should again be on national agenda. In addition, all provincial governments in Pakistan should appoint CPSP passed fellows as consultant oral & maxillofacial surgeons at every medical college hospital and also at every district level hospital throughout Pakistan. This will also lead to create opportunities, support job Neurosurgery & ENT Specialties and finally cater to overall better patient management having head n neck issue.

This road map towards excellence is only possible, if all dental and medical professional stake holders in Pakistan provide moral support and have a will to change positively. The progressive journey for excellence for Pakistan simply cannot be achieved, without developing new programs & getting due support from our own Peers and all stake holders^{1,3,4}.

We hope that, all medical university based constituent dental institutes from both sectors would emerge as academic leaders and promote our dental professional needs in Pakistan. In this regard, we have already taken an initial step and organized Pakistan's Pioneer National Conference on Dental Education-2014. Dear readers, as positive change agents similar to Medical Education, would you like to organize a second national conference on dental education for our professional issues?.

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