

Dental Profession at the Crossroads: The Indian Scenario

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ABSTRACT

The undergraduate and postgraduate admission of dental seats in India has been facing a decline in the recent past. The future of the dental profession is at stake in the country due to multifaceted issues. Without solving the actual underlying problem, there is no point in blaming the National Eligibility cum Entrance Test (NEET) or bringing down the scores to fill the seats. It's high time the policymakers, senior professionals, government, and the regulatory body take an action to improve the scenario and save the profession from the crisis.

Keywords: Admission, Dental education, Dentistry, Health profession, Higher education, National Eligibility cum Entrance Test.

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Year after year, vacant seats in dental admissions both for Bachelor of Dental Surgery and Master of Dental Surgery in India are attracting headlines both in newspapers and other media. Dentistry as a healthcare professional is gradually declining due to failure to attract new trainees in India. Where are we heading to? What has gone wrong?

The cost of dental treatment is soaring without the public being aware of the factors contributing to it. Dentistry depends heavily on a big array of equipment and materials to a large extent. The investment to establish a practice by a primary care physician and a primary care dental practitioner is disproportionately different. The varieties of dental technology and dental materials are growing at a phenomenal rate and so is the cost of procuring them. Even a simple extraction procedure or a restoration (filling of tooth) involves a wide range of materials and instruments. People often do window-shopping by stepping into several clinics, just to compare the cost difference, unaware of the fact that the material used and the procedure followed would be different in each clinic.

The societal needs in terms of dental treatment procedures have increased significantly, thanks to the awareness of the public on the scope of dental treatment options. Earlier it was more of symptomatic management where the patients would visit the dentists only if they have pain. Of late, esthetic procedures like smile designing, orthognathic correction, advanced restorative management with dental implants, laser, computer-aided designing, and computer-aided machinery restoration and preventive management are desired. This considerably adds to the cost.

Obviously, the dentist/population ratio has certainly not reached saturation in India. What then is the perceived reluctance of aspiring dentists toward a career in dental practice? The sole fact is the underlying cost of investment that is needed to set up and run a private practice. Practicing in rural areas poses other problems like the inability of patients to afford the cost of dental treatment. Besides the rural ambience, extractions are still the most commonly sought treatment for relief from pain. It is difficult to convince patients for a root canal treatment to preserve and save the tooth when the extraction is faster, gives immediate relief, and is less costly. This feeling in the rural area, however, does not alter the basic investment for a dental clinic that is required irrespective of the area of practice. For a middle-class family, spending for undergraduate fee/postgraduate fee and again needing to invest for a clinic is a herculean task even with bank loans. Students with

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high National Eligibility cum Entrance Test (NEET) scores and Higher Secondary scores but belonging to lower socioeconomic status are afraid to pitch in to dentistry because of this.

The general public, on the contrary, blames the situation on the rising fee structure of the dental institutions. The investment for a dental college infrastructure and annual maintenance is very high in addition to the expenses on consumable materials. Treatments also are offered at subsidized costs to attract patients to fulfill regulatory norms. This fact actually impacts both the employers and the employees of the institutions.

The pay scale of the nongovernment dental institution employees is very less when compared to the government dental institutions and other health professional employees of the nongovernment medical institutions. The investment/income ratio for a dental institution can never match the investment/income ratio of a medical institution. How could the institutions alone be blamed for this? The big picture shows very clearly the need for the policymakers to consider this fact and bring about changes in government policies to improve the situation. The job opportunities and the income level for medical fraternity are way greater than the dental fraternity both in the government and private sectors. This low-income issue adds fuel to the already existing less teaching job vacancies for the dental faculty that further inhibits the upcoming generation from opting for dentistry in India.

Recently, graduates from dentistry who are unable to cope up with low income from dentistry are shifting careers and seeking jobs in pharma companies, insurance firms, medical transcription, dental materials and equipment marketing, other businesses, etc. The feedback from these graduates demotivates the next generation further.

The most important of all factors that contribute to less admission is the crisis caused by the coronavirus disease-2019 (COVID-19). The mode of spread being aerosols, and dentistry being a profession where most of the procedures generate aerosols, the parents and the students are afraid of the personal safety while choosing the career. Dentistry has already evolved with a lot of innovative solutions for safer practice, but the fear factor will need time to wean off.

The revision of dental curriculum is also the need of the hour focusing more on the practice management, to train the students

to be part of interprofessional working teams to deliver care to special population needs like palliative care, geriatrics, differently abled, mentally challenged patients, etc. The syllabus needs to remove the outdated contents that are out of practice in reality and add the recent advances. The teaching should focus more on integrated problem-based teaching rather than subject-centered lectures. The students should be given an option to have electives that enable them to gain mastery in the areas of interest. Multidisciplinary options with an introduction of credits to match the National Education Policy 2020 and to make the curriculum globally relevant need to be addressed. Dentists are very important components of the health force for the society and the country.

Is enough being done to address the issue and bring justice to the noble profession? Who will save dentistry?