IADS Panel Discussion: Developing and Training the New Generation of Dentists

In linkage with our larger educational agenda, IADS hosted its very first educational panel during the Mid-Year Meeting held in Strasbourg, France in March 2019. The panel discussion was focused on dental education and training in context with what is expected from the dental occupation in the future. This expert panel was built up as a conversation between the speakers and students attending. Hereby, I present to you the discussion outcomes of the panel:

I Future of dentistry

The first part of the panel targeted the question, “Where are we now in dentistry and what does the future bring?” Panelists were asked to comment on the core competencies needed for a graduating dentist in the future. Dr. Stephanie Jeannin-Tubert commented from the viewpoint of the ADEE that issued a publication “The Graduating European Dentist: A New Undergraduate Curriculum Framework”. This comprehensive document targets key areas relevant in the training of oral health professionals and could also be used to a larger extent when talking about the education of the global dental workforce. Together with Dr Raman Bedi and Dr Paula Vassallo the main skills needed for a dentist to contribute to patient-centered care are: 1) Management 2) Team-building/Communication 3) Health advocacy skills 4) Adequate technical training.

It is essential as educators to focus on the integration of oral health to general health and this can be achieved through a more public-health-oriented curriculum. Dentists should include patients as team members, not just passive elements as it is happening currently. Dr Bedi also brought out the global responsibilities we, as future health professionals, have; keeping up with developments in digital health and artificial intelligence. Understanding health globally, dentists should be global citizens acting locally for their community.

The panel was asked to comment on the challenges and possibilities of standardizing dental education worldwide. Dr Jeannin-Tubert commented from the side of ADEE that also works on accreditation of dental education in Europe that it is hard to standardize dental education internationally but on the European level ADEE is working on it, quite good guidelines have been established that can be used as an example for other countries and regions in the world when developing accreditation mechanisms. The students from Jordan and Libya brought out that to their knowledge in their countries there is not even a national accreditation mechanism for dental education and due to political issues it is complicated to develop such standardization.

II Promoting health vs treating disease

Dr Vassallo (EADPH) explained how the curriculum of dentistry in Malta is organized so that public health is the core element that guides and accompanies students throughout their 5 years of studies. In this way, the graduating dentists are thinking in a community-oriented way where they truly understand the social determinants, general health in linkage to oral health, know how to provide health consultations to their patients and target the care they provide. At this point, the panelists also turned towards the students with a very simple question, “What was your motivation to become a dentist - was it to provide better health for your patient?”
Just a few hands raised to show that they chose their occupation solely to help people. Other incentives were brought out as a relatively good salary and social status, technical and comfortable career choice. Students also commented that it is difficult for them to see how a prevention-oriented model of care and payment system in dentistry could ever function as students are technically trained to do procedures, not prevention.

A very interesting comment was also made by one student from Italy, where he explained how during their studies and after graduation dental companies are becoming very often the main educators with their materials and courses. The question of who to believe—university or industry is what students very often ask. This is a common mindset of dentists when the industry “wins” customers to their side and in cases where the dental education is very technical and lacks general knowledge on public health and general health education, graduating dentists become technicians who do procedures instead of doctors that see their patients more broadly provide targeted care to them.

In several cases health students’ organizations have taken the role of building capacity among their constituencies on health advocacy and patient-oriented education. This is the case with the partners of IADS such as the international federations joining together medical and pharmacy students. Our youth representative from the International Federation of Medical Students’ Associations, Dr Marian Sedlak, gave an insight to the work their organization has done to target patient-oriented care in healthcare with a focus on multi professionalism and teamwork. IFMSA has been working on social accountability and the transformative education agenda to bridge professions inside healthcare together to provide health for all and support Primary Health Care and Universal Health Coverage. Together with IADS and other healthcare student associations we form the World Health Students’ Alliance where we conduct mutual health promotion campaigns, join our members together on a local level to promote working together for improving health on a community level. Health workforce issues are also central with the WHO GHWN Youth Hub aligning all youth organizations to do targeted work on solving the great global lack of healthcare workers, advocate for decent working conditions and better training to students and young professionals globally.

III Future workforce

Based on global prognosis, by 2030 there will be a global shortfall by 18 million health workers and a growing lack of oral health professionals. In this part, we talked about restructuring the dental workforce, also workforce movement and the difficulties we face in creating a sustainable workforce in low-middle income countries.
There are countries where too many dentists are being trained and there are countries where there are almost no healthcare workers to provide oral care to vast communities in need. To solve situations where either too many dentists are being trained or where there is no capacity to train any dentist, alternatives must be found. Dr Bedi gave an interesting example about the University of Liverpool where hygienists, dental therapists and dental surgeons are being trained in a team-based manner working together already during their undergraduate studies. This sort of a system produces a hierarchy in the oral care system and prepares students with working on these various levels as professionals. A student from Libya explained how recently there are grave issues with graduating dentists finding jobs due to a growing number of private universities that push the national production of qualified dentists to exceed the country’s need by 9 times. Similar issues with private schools are also happening in other Middle Eastern countries such as Iraq and also several countries in Europe. In India, the overproduction has created a situation where lots of dentists go to study public health but in most countries this is not the case unfortunately. Strengthening health systems is the key when we talk about optimal and functional health workforce. Community-needs, quality of education and accreditation of educational programs all contribute to this. By creating more hierarchy in dentistry so that nurses and dental therapists focus on prevention and basic therapy, a smaller number of highly qualified dentists need to be trained and population needs would be better served as well, especially in low-income settings.

As Dr Sedlak from IFMSA explained- interprofessional education, working in teams, looking also outside of our healthcare sector are all relevant to achieving better health outcomes globally. The students received valuable information they can take back to their countries on matters discussed, also they will understand and be more knowledgeable in joining the IADS work on dental education, workforce, global health matters, etc. Parts of this report will also be used in our strategic planning for the future work IADS targets on dental education.

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