Basic Dental Education [1]

September, 2003    Sydney    Australia

September, 2015    Bangkok    Thailand

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Context

Basic dental education is the very important first step toward a successful Dental Practice. It needs frequent review and improvements due to changes:

- in the dental profession and dental science;
- in the patients’ needs and demands;
- in the harmonization of the relationship between dental universities, dental research and everyday dental practice for a more realistic and immediately applicable basic dental education; and
- in the understanding of disease patterns and knowledge of health maintaining and curative measures and related evidence.

Definitions

Basic dental education involves the teaching and learning of the future generations of dentists to prevent, diagnose and treat oral diseases and meet the dental needs and demands of the individual patients and the public.

The purpose of the Basic Dental Education is to provide knowledge and skills necessary for dentists to practice in a competent manner.

Interprofessional education is the reciprocal and common health education of dentists and other health professionals with the objective of fostering collaborative practice to improve the health/oral health outcomes and the quality of care of the individual patient.

Principles

The principles of the basic dental education should be based on moral and ethical mores, as well as national rules and regulations.

The primary aim of dental education is graduate dentists capable of critical thinking, decision making and instill willingness for a lifelong learning. The new dentist should be able to carry out any kind of dental treatment without harm to patients using modern, appropriate, effective and currently accepted methods of treatment.

In addition, the basic dental education should include the development of the social behavior and interpersonal communication skills with a variety of audiences to include patients, members of the dental team and colleagues. Sound dental practice management skills based on ethical principles are also critical.

The new practitioner must be capable of implementing suitable preventive programmes for individuals and groups, in the context of community-oriented programmes. In order to achieve that aim, dental education must provide the student with a regularly revised and updated curriculum as well as a sound clinical training based on humanitarian, scientific, and evidence-based learning principles.
It is also important for basic dental education to take into consideration the broadening role of dentists in line with the broadening definition of oral health and quality of life and a better clarification of the bilateral relationship between oral and general health.

To this end, a closer relation between dental universities, dental associations and regulatory agencies is highly recommended and necessary to translate research and science into practice and to adjust the current dental curriculum to the scientific evidence, changing oral health needs/demands, expectations from and everyday practice conditions of the dental profession.

The term clinical competence is applied to a combination of knowledge, skills and judgment, which provide the practitioner with the ability to undertake a specific task. The knowledge needed includes an appropriate understanding of molecular biological principles, as well as anatomical and physiological features and the pathogenesis of disease process. It implies more than a simple technical ability or a prescribed amount of knowledge. The acquisition of clinical competence may be achieved through a diversity of educational and training programmes. These may be assessed and examined in different ways throughout the world.

Policy

FDI World Dental Federation’s policy is to be the voice of dentists worldwide in regard to the very important issue of an updated, improved and efficient basic dental training of future generations of dentists.

There are a number of appropriate curricula to achieve clinical competence; therefore the FDI Dental Practice Committee has specifically avoided recommending detailed regulations. Apart from the required clinical competence, all subjects should form part of an overall educational philosophy in undergraduate dental education. It is essential that a comprehensive integrated curriculum is followed to avoid dominance of certain subjects over others, even though there maybe variance in emphasis from dental school to dental school or from country to country.

It is recognized that dental research and the active pursuit of new knowledge and its dissemination defines us as a profession. Therefore, basic dental education must include engaging students in research experiences. The new practitioner must understand research methodologies and be competent in the assessment of scientific literature.

There is wide variety of dental educational systems throughout the world. These systems are developed, governed, operated and applied differently but they should all result in the graduate being competent to perform nationally agreed clinical dentistry covering patient examination, assessment and diagnosis, prevention, communication and patient education, ethics and jurisprudence, treatment, medical emergencies and practice management.

National as well as international dental organizations should suggest that regulatory agencies consider this description of Basic Dental Training.

Links