

“Dental education has to move into a new era and develop in our undergraduates the sense of dentistry for the community.”

Dental education – where it needs to be. Dentistry for the community

Dentistry has traditionally emulated the hierarchies and structures of medicine with dental hospitals based on the secondary care model of acute hospitals. This includes consultants, knowledgeable in their speciality but, arguably, with little connection to the world of general dental practitioners (GDPs) and their patients, except by referral. Whilst consultants and specialists are undeniably needed in, and valuable to, the dental community, is the hospital environment the most appropriate for developing future GDPs? Should dental schools necessarily be placed within dental hospitals?

Unlike medicine, in which over 50% of graduates become hospital doctors, 95% plus of dental graduates become GDPs, suggesting that the most appropriate learning environment for them should closely mimic general dental practice. To produce ‘fit for purpose’ graduates, a dental school needs to develop students who understand the issues and challenges of general practice, which are very different from those faced by specialists dealing with complex, referred cases.

Medical and dental education has developed in hospitals because of the deep scientific and research knowledge located within them. While they remain repositories of scientific skills, educational activity and sharing of knowledge is no longer limited to their physical environments. Technology gives us fantastic opportunities to better serve the population by being more closely allied to it, allowing dental education to be placed wholeheartedly within the community, whilst retaining the strongest possible foundations in science and scientific principles. While it is obviously important that students have a knowledge of hospital based activities they do not necessarily need to learn their clinical skills there.

Most dentists when asked which dental school teacher they remember reply that it was a part-time supervising GDP; whether because they brought a sense of the “real world” or a difference in teaching style is debatable, but the GDP remains a revered teacher. In recognition, many dental schools have developed outreach programmes which are highly popular with students and an increasingly important part of BDS courses. This ‘hub and spoke’ model of ‘outreach’ teaching was the subject of a recent conference at the University of Manchester. However, it is still outreach, run from an academic centre. The dental hospital is still considered as the main place of student education despite it “reaching out” into the surrounding com-

munity to expose students to patients similar to those they will encounter on graduation.

There is however, a new model of dental education emerging in the south west of England. Peninsula Dental School (PDS) has thrown aside the hospital-centric model with outreach to allow dental students, from the very start of their careers, to recognise that being a dentist implies a sense of social responsibility and professional engagement with the community. Dental education should be predicated on the idea that dental practice exists within, and on behalf of, a community and not as an entity in its own right. PDS wishes to remove the sense of reaching out from a central elite edifice into the community and instead wants all the learning activities of its students to take place within, and on behalf of, the community.

Therefore, the clinical facilities will be placed in areas of greatest dental need, with no single building representing PDS but instead it being an array of facilities and activities embedded in the community. Students will learn that public service and engagement is part of their social and professional responsibility, allowing them to understand the dentist’s role within society. Ensuring the strongest possible teaching of law and ethics is crucial to this teaching model, which aims to imbue students with a true sense of professionalism.

Dental education has to move into a new era and develop in our undergraduates the sense of “Dentistry for the Community”. It can and should deliver health gain to the public, instead of the public being allowed into a school simply to supply students with patients on which to ‘practise’.

The placing of dental education wholly within primary dental care is based on sound philosophical, pedagogic and managerial principles. It benefits students, patients, the profession and the public. It is a new way of thinking for many, but it is essential in order to continue the work of past innovators of dental education. Dentistry being for the community should be how our future graduates perceive their profession. It is time for us to help them to do that.

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