Challenge of Producing Specialist Practitioners in Periodontology in Pakistan

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In Pakistan, the system of education in medicine and dentistry is largely based on the model of United Kingdom. Similarly, the post graduate education scheme in Pakistan generally follows the British system. However, instead of having separate royal colleges for Medicine, Surgery, Pediatrics and Obstetrics-Gynecology etc., there is a single large institution with the name of College of Physicians and Surgeons of Pakistan (CPSP) that serves as the premier body that governs teaching, training and assessment of health care specialists in this country of 200 million individuals. Dentistry too, is overseen by it.

Since, the CPSP started post graduate training and examination in dental specialties in year 1995, the academic dentistry is still in its early evolutionary stage in Pakistan. Although, disciplines like Oral & Maxillofacial Surgery, Prosthodontics, Orthodontics and Endodontics/Operative Dentistry have gained momentum in last two decades, as revealed by number of specialists and teachers trained in these area; there are certain disciplines in which an acute dearth of trained specialists and academicians exists. These neglected disciplines are Periodontology, Pediatric Dentistry and Dental Public Health.

Due to a big discrepancy in supply of teachers in these areas and their need, the dental institutions are finding it extremely difficult to recruit and retain suitable teachers. This has also adversely affected the competency of the general dentists as there are not enough teachers in this area to inculcate the correct the competencies in the dental graduates.

Especially, the subject of Periodontology demands attention. There is just one faculty member in the entire country that has started the Periodontology training program and that too in year 2013-4. Aspiring candidates in the other provinces of Pakistan interested in joining the Periodontology residency program are at a disadvantage as there is no other opportunity locally available. It’s unfortunate to learn that in the metropolitan city of Karachi (with an estimated population of 20 million), there is no Periodontology training avenue owing to non-existing Periodontology mentors.

Following are the strategies to develop a sustainable supply of Periodontology trained teachers and researchers:

First step should be to document the exact of number of practitioners and faculty members trained in Periodontology and then incentivize them to serve as mentor for residency trainees. Pakistan Dental Association (PDA) and CPSP have to be on the same page for this task.

Second step is to identify a few mid-career dental faculty members who already are residency trained and serving other clinical dental subjects (they must possess post graduate credentials and experience of teaching, practice and research at University setting) to be offered an opportunity to build their further capacity in Periodontology. There must be an understanding that once they have acquired the suggested training (2 years or more) from any recognized center of USA/ UK or any other developed country, they should come back to Pakistan and immediately impart the training to at least two residents per year for next 5-10 years. The funds for this training and staying abroad should be shared by PDA and by themselves or their institution. Dental product companies or specialty associations can also bridge the amount by offering loan or grant for this national academic cause.

If the above two strategies are adopted, it’s expected that within 5-10 years, an adequate pool of Periodontics practitioners and academics will be produced. This discipline will get at par with other dental specialties. Thus, not only the shortage of dental academia in Pakistan will be addressed amicably but a young breed of periodontal researchers will be made available to the country too.

REFERENCES


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