

Editorial

When Hope is Gone

Singh A^{1*} and Purohit BM²¹Department of Dentistry, All India Institute of Medical Sciences (AIIMS), India²Department of Public Health Dentistry, Peoples College of Dental Sciences & Research Centre, India***Corresponding author:** Abhinav Singh, Department of Dentistry, All India Institute of Medical Sciences (AIIMS), Ministry of Health & Family Welfare, Government of India, Bhopal, India**Received:** April 25, 2016; **Accepted:** May 09, 2016;**Published:** May 10, 2016

Editorial

When hope is gone, there remains little, if any, energy for the challenges of everyday life. Dental professionals in India are in a state, where there is no one to look upon. Life of dental professionals in India consists of one struggle after another; struggles that they seldom win and the worse is yet to be seen. To uphold ethical values and principles, including those of justice, integrity and fairness remains a daunting challenge. This is a result of pressures applied to the educational system [1].

The pliable Universities and Councils were used to bend rules, fuel dishonesty and violate standards of quality for accelerating the business of medical and dental education. It is therefore not surprising that many of those involved in establishing the money-spinning colleges are power-brokers working in tandem with the leading lights of profession and the industry [2].

The number of dental professionals in India has increased from 60,000 to 1,75,000 and is projected to be more than 2,00,000 in the next five years. Every year more than 25,000 dental graduates are added to this list. The numbers of dental institutions have also correspondingly increased from 120 to 310 in the past ten years [3]. India has the highest number of dental institutions in the world. Apart from the North-Eastern states, almost all the other Indian states have witnessed a phenomenal growth. And as it goes without saying, any growth seemingly uncontrolled, called malignancy in bioscience, should be observed with suspicion.

Dental graduates are exploited and average salary of a dentist in private sector is around Rs 5000 pm, (approx. 100 \$pm). Many fresh BDS graduates are hanging up their white coats and opting for better-paying jobs. Even those are not easy to come by. When they do, it is to work as demonstrators, medical transcriptionists and as health insurance agents. In these times dentistry is no longer a popular choice; dental seats go a begging in India [4]. The main cause for the lack of interest in the dentistry is limited job opportunities and also the exploitation in private jobs.

Setting up a clinic of one's own is an expensive proposition. The high costs involved in establishing dental clinics in urban areas that are already concentrated with dentists appear to be forcing the dental graduates to look outside their vocation for a rewarding career. There

Abstract

Dentistry in India is currently being challenged to maintain its professional character. The pliable Universities and Councils were used to bend rules and violate standards of quality for accelerating the business of medical and dental education. Examination system of these schools has been traumatized. Dental professionals in teaching institutes are insecure regarding wages and employment. If the current situation persists, as at present the failures will compound and so will the feeling of helplessness and hopelessness.

Keywords: Dentistry; Dental education; Examination system; Job insecurity

are far too many dentists concentrated in urban areas. It is a problem of plenty. Even if the dental graduates arrange for the funds and set up a clinic, the returns will not commensurate with the investment at least for the first few years.

There are many private institutes issuing a master's degree; but on a basis of capitation fees. Few students can study further after the completion of the bachelor's degree to enter teaching profession, as there are very few government seats for master's degree. In the current scenario, even the jobs in teaching profession are not secure. There is flooding of markets with dental graduates with master's degree.

Job insecurity is an employee's perception that his or her job is uncertain and may come to an end sooner than expected. It is understandable that job insecurity is highly threatening to employees given the prospect of losing the positive material, social, and psychological benefits associated with employment. Job insecurity exerts negative consequences on children's cognitive abilities and in turn their academic performance [5]. Job insecurity also has a significant negative impact on employee satisfaction and an indirect effect on perceived organizational performance [6]. In India, dental professionals in teaching institutes are insecure as regards to wages and employment. The faculty pay is based on demand and supply model in these institutes; unlike other professional jobs, salaries of dental faculties are moving downhill. The pay in these institutes many a times come down drastically in a matter of a year. Government jobs are quite rare and only few make up to them.

The vital role of vocational and technical education in the production of skilled and competent manpower for economic, industrial and social development cannot be achieved if an efficient and effective teaching and examination is not maintained. High quality teaching and examination can be regarded as the effectiveness in teaching which can result in the student learning and satisfaction [7]. Quality teaching and examination ensures that candidates possess the knowledge, skills, and competences that are appropriate for their area of responsibility.

Examination system of dental schools has been distressed in India. Examinations are a formality, since requirements by the dental council. Postgraduate seats are being allotted in the private institutes on basis of capitation; with assurance of the degree. Insecure dental professionals have little say in exams; being dictated terms by the

management. Concepts of quality, integrity, justice and fairness; the very basis and foundation for any profession, have long been forgotten in the current scenario.

During the past decade, there has also been a gradual erosion of ethical principles that guide scientific research as well as writing and publication. These changes have taken place during an era where professionalism has also declined and physicians are losing control of their practices. Thus, a growing commercialization of research with its effects on the ethical conduct of researchers and the advancement of scientific knowledge are of concern today and need serious thought. The misconduct in research and publication not only affects other authors, but reviewers and editors also. However the worst sufferer is the patient.

Experts constituting of practitioners, researchers, and policy makers, should take a fresh look at all those dental institutions, a majority of which mushroomed in the last decade or so. A practical step towards this could be to rank all the 310 dental colleges with a transparent point system. The point system should consider various mandatory facilities provided in the institutions, including transparency in admission, availability of faculty members, reference library with search facility, conducive accommodation with recreation, appropriate conduct of examination followed up with fair evaluation and prompt declaration of results, and sufficient patient inflow supplemented with fine documentation facility [8].

Professionalism is not guaranteed by simply issuing a graduation degree. That status can only be granted by the public whom it serves. There are three main characteristics that are shared by any profession; delivering the best possible education to its students, giving priority to public service over self interest, and enforcing regulations and codes of ethics through self government. To prevent conditions from deteriorating further and revert the damage previously done; logical and rationale steps are required. Oral health has to be included in public health; which will open more jobs, specifically in rural areas.

A minimum pay scale has to be fixed and monitored for dental professionals in private dental schools. We need to take a broader look at programs and interventions that might reduce job insecurity. An effective and efficient teaching examination system has to be developed to maintain the quality of dental graduates. Consistent with the global competitive standards of the 21st century, there is the need for a clear vision. Policy makers need to introspect the state of affairs of dental education, for dentistry, to attain a status of excellence and relevance. If the current situation persists, as at present the failures will compound and so will the feeling of helplessness and hopelessness.

References

1. Shwartz B, Bhan A. Professionalism and challenges in dental education in India. *J Med Ethics*. 2005; 2.
2. Singh A, Purohit B. Fracas over privatization, quality assurance and corruption in Indian higher education. *Journal of Education and Practice*. 2011; 2: 50-59.
3. Singh A, Purohit BM. Addressing oral health disparities, inequity in access and workforce issues in a developing country. *Int Dent J*. 2013; 63: 225-229.
4. Singh A. Oral health policies in developing countries. *J Public Health Policy*. 2010; 31: 498-499.
5. Barling J, Zacharatos A, Hepburn CG. Parents' job insecurity affects children's academic performance through cognitive difficulties. *J Appl Psychol*. 1999; 84: 437-444.
6. Reisel W, Chia S, Maloles C, John W. The effects of job insecurity on satisfaction and perceived organizational performance. *Journal of Leadership & Organizational Studies*. 2007.
7. Idialu E. Quality assurance in the teaching and examination of vocational and technical education in Nigeria. *College Student Journal*. 2007.
8. Singh A, Purohit B. Articulating and implementing a health policy. *Journal of Public policy and administration research*. 2012; 2: 45-47.
9. Barlin J, Zacharatos A and Hepburn G. Parents Job insecurity affects children's academic performance through cognitive difficulties. *Journal of Applied Psychology*. 1999; 84 (3) 437 - 444.