Editorial:
Training in Prosthodontics for Global Recognition.

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Today's general and dental specialist practitioners are seen as socially responsible & accountable oral health physicians. They are considered a source & consumer of new knowledge. They should have acquired the requisite skills & competencies for responding to the new expectations associated with their chosen profession. They must be able to use and transfer their skills and knowledge in their workplace. Expected to be members of interdisciplinary & holistic health care teams, they had to be life-long learners, critical evaluators and providers and users of evidence treatment & technologies.

Specialization is a post-basic medical and dental training activity.[1,2] It refers to the undertaking of further period of accredited study.[1] It also involves practical / clinical & research training to graduate as a specialist in any one of the many specialist disciplines of medicine & dentistry. Specialization in medicine and dentistry is an approach to providing sound educational base. It is an approach to meeting the need for professional growth, fulfilling the needs of special patients, reacting to complex needs of the society and improving productive efficiency within the health-care system or its areas. By providing innovative and modern therapies and being the users of new technologies, medical and dental specialists generate tremendous economic & trade activity and thus they gain national / global standing & strength not only for themselves but also for their respective institutions and countries. The benefits of specialization can be seen from the fact that Denmark does not recognize the discipline of prosthodontics as a specialty with no systematic postgraduate training programs offered by the dental schools. In contrast in Sweden, an extended postgraduate training in the specialty is available rendering the dentist as specialist in oral prosthetics. With no formal specialization in prosthodontics, Denmark despite having similar standard of living as compared to Sweden, poorer dental conditions (measured as number of missing teeth) are clearly seen in the Danish population[3] Consequently, a significantly higher proportion of Danes wear removable dentures compared to the Swedes who wear fixed prostheses. Had there been trained specialists, would have advantageously contributed to the quality prosthodontics treatment that the Danes had been receiving.

The profound need for specialization in dentistry is very obvious. Dental practitioners face an increasingly dentally aware world posing them major challenge to treatments. The predominantly restorative & aesthetic nature of most dental treatments requires pre-treatment adjunctive therapies and a lifetime support from a range of dental specialties. Practitioners face significant challenges in achieving form, function & desired dentofacial aesthetics, specifically in patients with dentofacial deformities. All these highlight the need for knowledgeable, trained & skilled dentists.

With reference to the specialty of prosthodontics, many countries of the world have long ago legally recognized prosthodontics as a specialty including many European Union(EU) and all North-American countries.[4] There is a considerable prosthodontics related work and educational activities done all-over the world. In Japan, the Japan Prosthodontics Society (JPS) was established 81 Years ago. In USA, formal and structured specialization in prosthodontics has been introduced since 1948. Since 1951, the Journal of Prosthetic Dentistry (JPD) is regularly published with an issue each month. Each issue is so voluminous that JPD is compiled in two volumes for a year. In UK,

the British Society for the Study of Prosthetic Dentistry (BSSPD) has been regularly holding its annual conferences since 1953.In Croatia, prosthodontics as specialty is recognized since 1970. The Iranian Association of Prosthodontics (IAP) has so far held 12 conferences. The Indian Prosthodontics Society (IPS) was founded in 1973 and it has regularly published 13 volumes of its Journal of Indian Prosthodontics Society (JIPS). The Asian Academy of Prosthodontics (AAP) is also holding its biennial conferences with so far having held seven regional conferences. In Pakistan, prosthodontics specialist training of Fellowship and Membership (FCPS, MCPS) Master of Dental Surgery (MDS) and Master of Science programs have provided substantial specialist prosthodontists.[5] The Pakistan Prosthodontics Association (PPA) has been founded in 2005 and it has so far organized two international conferences and since 2013, it is publishing its journal called Journal of the Pakistan Prosthodontics Association (JPPA).[5]

Patients today should benefit from the fast development in prosthodontics treatment techniques & material sciences.[4]Quality prosthodontics procedures / therapies in some circumstances are best provided within a specialist setting. Undergraduate (UG) dental curricula are designed to provide a range of basic abilities across the spectrum of prosthodontics care, but do not include proficiency in all aspects. This may be provided by CPD & specialist training. The need for well-structured specialist training in prosthodontics has been recognized in most developed countries. Formal specialized training has been introduced & acknowledged by professional societies & governmental regulatory bodies. The need for harmonious / uniform and standardized training for specialization in prosthodontics is the need of the hour. To bring this into practice, prosthodontics training programs must have similarities in; sufficiently specified duration, well-defined entrance criteria and points, wider content, agreed exit level of proficiency and mechanism of external accreditation & moderation.[4]Advanced education and training in the specialty should have been given by teachers and trainers who are globally relevant, self-motivated to update themselves with various teaching and learning methods.[6] They should have the abilities of inventing unorthodox methods for interactive teaching and experiment with novel examination methods that can keep the interest of the students alive.[5]Prosthodontics education must be relevant to the contemporary times. The training program must follow educational curriculum, contents and methods of teaching that awaken the interest of students who would be the future specialist practitioners and Educationists.[6] After all, specialization is not primarily about learning how to do things correctly—it is about learning how to do the right things at the right time for the right patient.[3]In the first place, the building of clinical competency and manual skills in advanced oral prosthetics should be carried out in controlled forms and under the supervision of experienced clinical teachers and researchers. The second is that advanced training is required to learn how to manage the most appropriate intervention for the individual patient on the basis of a correct diagnosis, recognition of patient values, defined treatment objectives, prognosis, and other relevant factors, and to appraise the short- and long-term benefits and intervention outcomes relative to alternative treatment solutions.[3]

Bringing harmony in graduate and postgraduate programs in prosthodontics on a global basis has many advantages including; improvement in quality of patient treatment, allowing freedom of movement by prosthodontics specialists all-over / anywhere in the world. The harmony and external accreditation of prosthodontics training programs and global recognition of prosthodontics specialists is governed by several principles including;

1. Introduction of a harmonious and globally acceptable training to allow automatic global recognition of a prosthodontics specialist who have been in the first place recognized by his /her government or professional body in his own country.
2. Direct recognition of prosthodontics specialists who have passed an externally accredited training programs (minimum 4-years or equivalent).
3. The accredited training is of a standard that is of the same level as those in developed countries with legal recognition. The monitoring, evaluation of training outcome should have been performed in accordance to agreed criteria by a

panel of examiners including local, regional and international members.

4. Maintained individual recognized status with proof of validation by a committee of a regulatory body eg in case of Pakistan as the Pakistan Medical & Dental Council (PMDC).
5. Good Standing Membership of Prosthodontics Association in the country or abroad.

A prosthodontics specialist upon completion of externally accredited training program and its monitoring and evaluation with passing of the examination should be eligible for globalrecognition.[4]The criteria to be fulfilled include;

1. Have acquired a broad based understanding of the theory & practice of prosthodontics set in the context of total patient care including understanding of the relevant basic & clinical science.
2. Has followed focus of the curriculum on clinical training.
3. Has attained competence to make diagnoses from patient history & collection of findings, formulate overall treatment plans, implement chosen treatment and able to critically evaluate / monitor / maintain the result of treatment.
4. Has acquired long-term experience through re-evaluation & further care of patients whom he / she as prosthodontics trainee have treated.
5. Has maintained record of the completed & documented cases displaying the spectrum of dental prostheses provided.
6. With no comprehensive syllabus available, no prescription could be given but during training he/she has become aware of recent developments in the specialist field.
7. The level of understanding is appropriate to a minimum of 4-years specialist training program as offered in advanced clinical prosthodontics setting.

References:

1. Ghani F (2004). Specialization in Dentistry: Some Reflections. J Pak Dent Assoc (JPDA) 2004; 13: 240 – 45.
2. Ghani F (2005). Mid-Level diplomas in dentistry: Which one is relevant: A letter? J Pak Dent Assoc 2005; 14(1): 54 – 55.
3. Jokstad A. Oral Prosthetics from a Nordic Perspective. Int J Prosthodont 2002;15:145–153.
4. Owall B, Welfare R, Garefis P, Hedzelek W, Hobkirk J, Isidor F, Jerolimov V, Jokstad A, Kalk W, Kronström M, van der Kuij P, Mericske-Stern R, Naert I, Närhi T, Nilner K, Polyzois G, Setz J, User A, Zonnenberg A. Specialization &specialist education in prosthetic dentistry in Europe. Eur J Prosthodontic Restorat Dent 2006;14:105-10.
5. Ghani F. Prosthodontics as a dental specialty In Pakistan: Reflections on Its historical developments, achievements and future plans. J Pak Prosthodontassoc 2013; 01(02): 65-72
6. Nagda S .Structuring and Standardizing Prosthodontics Education and Practice in India. J Indian Prosthodont Soc 2013; 13(2):67.