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# International dentist program: Due changes in admission criteria!

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## Abstract

A few U.S. dental schools offer International Dentist Programs (IDP) that is separate from their other dental education programs. According to International Dental Program, only National Board of Dental Examination (NBDE) score is considered for admission to dental program. The American Dental Association (ADA) ruling does not change for specialists (applicants who already have had Masters in Dentistry from India or any other country). The licensing rules remain the same for specialists, as mentioned for the BDS graduates. This discourages qualified specialists from taking the exams and teaching and practicing dentistry in US. To improve the above situation dental schools need to have a more holistic approach to the admissions process.

Keywords: Admission criteria, international dentist program, specialist, foreign trained dentist

### 1. Short Report

A few U.S. dental schools offer International Dentist Programs (IDP) that is separate from their other dental education programs. Most of these programs are two or three years in length; some grant a DDS or DMD degree, but some may grant a certificate of completion. The purpose of these programs is to ensure that the student attains the same knowledge and skills as graduates of accredited programs and to familiarize the international dentist with the oral healthcare delivery system in the U.S., the techniques and procedures used by U.S. dentists, standards of oral healthcare and the characteristics of the oral health needs of U.S. citizens (American Dental Association, 2003).

The Dental Admission Test (DAT) is the only standardized test used to compare students applying for U.S. dental schools. There is no corresponding test for foreign-trained dentists; however, it has become common to use the National Board Dental Examination (NBDE) and the Test of English as a Foreign Language (TOEFL) in place of the DAT (Dental Admission Test). NBDE Part I, which tests basic science knowledge, is most commonly used. NBDE Part II, which tests clinical science knowledge, is used to a lesser degree.

Master of Dental Surgery or MDS is a post graduate program offered by dental schools in India. The minimum qualification for the program is Bachelor of Dental Surgery (BDS). A five-year dental education leads to the B.D.S. degree in India, including one year of compulsory internship. Dental Council of India (DCI) is the regulatory body for these courses (Dental council of India, 2006). Currently the duration of MDS is three years, and is equivalent to MS or MSD in U.S. There are few seats and selection is after completion of BDS, through a highly competitive examination. AEGD (Advanced Education in General Dentistry) in U.S. is a university based one to two year program which is similar to Internship in India. A specialist (MDS) in India is equivalent to a DDS/DMD, with a MS/MSD in U.S.

Most of the specialists work in dental schools as Assistant Professor, Associate Professor and Professors. They are occupied with academic affairs, clinical work, research projects, training graduates and post graduate dental students. For the above mentioned reasons, it is easy to understand that a fresh dental graduate will score higher in National Board Dental Examination (NBDE; especially in Part 1)

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compared to a specialist. Other reasons being year of graduation (few write exams 10 - 15 year after graduation), greater workload and scarcity of time to sit and learn every line in dental decks or any other book for the matter. Yes, he will not score as high as fresh graduates; on the other hand, a specialist will have advanced clinical knowledge, additional experience and superior clinical skills.

According to International Dental Program, only NBDE score is considered for admission to dental program. The American Dental Association (ADA) ruling does not change for specialists (applicants who already have had Masters in Dentistry from India or any other country). The licensing rules remain the same for specialists, as mentioned for the BDS graduates. E.g. a fresh graduate with a composite score of 87 will be given preference over a specialist with a score of 85. What is being judged are just the numbers; and what are not being taken into consideration are clinical skills, teaching experience, research work, publications and knowledge of specialists. This discourages qualified specialists from taking the exams and teaching and practicing dentistry in US.

Few might argue that considerations are being also given to clinical skills. Yes there are clinical examinations being conducted by some of the universities, but to get an interview call, only the NBDE scores is what matters. Furthermore ECE (Electronic Credential Evaluation) and TOEFL scores are required, but for an interview call or an admission to the program, it is again the NBDE score.

This makes us think, why the thought never occurred to those concerned and running these programs. What I would suggest, is to make a pass mark in National Board Dental Examination mandatory. Then weight-age must be given to clinical skills and experience, participation in research projects and publications. An upcoming change in reporting National Board Part 1 and 2 scores is from numerical scores to pass/fail. This pending change will eliminate the argument that admission to programs for international dentists should not solely be made on the basis of a numerical National Board score. There won't be any scores soon, but when this change takes place is unclear.

Finally, just because changes are difficult, don't be skeptical about them. Attempts at changes may or may not be successful, but if nobody even tries, there won't be any hope. Dental schools need to have a more holistic approach to the admissions process. These changes in admission criteria will enable specialists from other countries, a chance to compete with fresh graduates, and a chance to practice/teach dentistry in US. Moreover, this will add up to the quality of dentists taking admission in International Dental Program with respect to clinical skills, experience and knowledge. Otherwise, both i.e. the qualified specialists and dentistry in USA will suffer a major loss in terms of quality, skills and missed opportunities.

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