Critical Analysis of Draft of Bachelor of Dental Surgery Program Regulations 2022 of India as against Dental Curriculum of English **Speaking Developed Countries-USA and UK**

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Abstract

Background: Competency Based' and 'Outcome Based' dental curricula were suggested by the most international accrediting organizations like American Dental Education Association (ADEA) and European Dental Education Association (EDEA). The Dental Council of India (DCI) keen to make this change in order to bring dental education in India up to and eventually surpass international standards. The new curriculum was created to achieve the best possible balance between traditional hands-on training, the 'Choice-Based Credit System (CBCS), National Education Policy (NEP)and education 4.0' in an era of hybrid learning, flexible progression, and student autonomy in their education. The aim of the study was to critically analyse Bachelor of Dental Surgery Program Regulations 2022 draft notified by Dental Council of India as against English Speaking Developed Countries- United States of America (USA) and United Kingdom (UK). Materials and methods: The study's documents were collected and evaluated from their respective official websites of USA, UK and Indian revised dental draft. The comparison of structural gaps done in terms of Eligibility, Course structure, Syllabic inclusions of course topics, Number of Competencies, Teaching-Learning methods, Modes of Assessments, Electives, Alternative Degrees and Exit test. Results: The comparative and critical analysis of all the three countries dental curriculum shows similarities and variations, inclusions and exclusion of topics and modifications required in New Indian dental draft. Conclusion: The structural updated model of Competency Based Dental Education Curriculum for use and utilization will be evolved and proposed which would be utilized by the planning and policy making authorities in India as a basal/referral document results in enhancement of global competencies in Indian Dental Graduates.

Keywords: Choice-Based Credit System, Competency, Credentials, Curriculum, Outcome, Dental Education, Dental Graduates, Education Policy, Global standard, Structural Updated Model

Introduction

A competency-based education program is 'a collection of skills and abilities intended to meet the needs of a population or individual'[1]. In order to support an individual's holistic development, this not only provides possibilities and pathways for learning key courses but also explores alternative learning paths beyond them. 'Competency Based' and 'Outcome Based' dental curricula were suggested by the most international accrediting organizations like American Dental Education Association (ADEA) and European Dental Education Association (EDEA) [2-3]. The Indian dental education system must adopt the same international curriculum. The Dental Council of India (DCI) is keen to make this change in order to bring dental education in India up to and eventually surpass international standards. The new curriculum was created to achieve the best possible balance between traditional hands-on training, the 'Choice-Based Credit System (CBCS), National Education Policy (NEP) and education 4.0' in an era of hybrid learning, flexible progression, and student autonomy in their education. Building on competency-based education, the new University Grants Commission (UGC) and NEP guidelines for CBCS incorporate the draft of the Bachelor of Dental Surgery (BDS) Program Regulations 2022 [4-8].

Clark J. et alexplored how learning outcomes can be implemented in dental education in the areas of student selection, curriculum preparation, teaching, learning, and evaluation. The author stated that the three-circle model is a valuable and userfriendly way for teachers and students to focus on learning outcomes. It will help curriculum planners and teachers create a program that meets the desired learning outcomes [9]. Virdi MS. investigates the potential benefits and implications of implementing a credits and semester system within dental schools. According to this study, the credit system increases flexibility, improves student learning experiences, and better prepares graduates for professional practice [10].Rao LN et alcompares dental curriculum of India versus developed countriescompares the curriculum structure, content, and instructional methodologies used in the United States with the United Kingdom. However, the curriculum content, including Teaching-Learning methods, examinations, and grading system, not thoroughly explained [11].

Manivasakan S et alproposed a new framework for the Bachelor of Dental Surgery (BDS) syllabus that corresponds with the Choice Based Credit System (CBCS) and focuses on how to revamp the BDS curriculum to make it more flexible and adaptive to students' requirements and the changing demands of the dental profession using a structured BDS syllabus and further assess theacceptability and feasibility of Choice based credit system in BDS Syllabus [12,13].

Field JCet alexplored about the new method that Association for Dental Education in Europe (ADEE) offers for undergraduate dental education in Europe with 'The Graduating European Dentist' incorporates top academic practices. Across the industry, schools, organizations, society, and regulators are expected to find this new format much more useful and accessible [14]. Biswas S.intended to emphasize that a

Choice Based Credit System is necessary for Higher Education. Given the diversity of all universities, the implementation of a Choice Based Credit System appears to be a good system for assessing a student's overall performance in a universal manner using a single grading scale, reducing rote learning and remembering, introducing critical thinking and analysis, which leads to creativity and innovation in the educational system [15].

Ozdemir-Ozenenin a 6-Year Study of competencies of performance appraisal in a dentistry schooland suggested to exposedental students to as many case variations as feasible through the use of case scenarios and OSCEs (Objective Structured Clinical Examinations) in the curriculum [16]. Tonni I et al. analysing workplace-based assessment (WBA) and the possibilities of Entrustable Professional Activities (EPAs) in the context of competency-based education in the twenty-first century, concentrated on developments in the evaluation of students at the top level of Miller's assessment pyramid ("does") [17]. Noha Rashwanet alaims to address the suitability of competency-based education in dentistry with respect to its stages, various evaluation techniques, and benefits over traditional education and is a reliable way to teach dentistry [18]. Kakodkar PVet aloutlines a plan for the university to comply with National Education Policy (NEP) 2020's requirements for dentistry education in India and looks into the framework for creating Multidisciplinary Education and Research Universities (MERUs) that support the goals of NEP 2020 [19]. Kabra Let alassess the awareness and perception of the CBCS among dental undergraduate students in Belagavi City, India shows varied level of awareness and differing perceptions among dental students about the newly proposed CBCS [20]. Credential review is a prerequisite for pursuing further education and practicing in any nation, commonly practiced in United States of America(USA) and United Kingdom(UK) [21]. Hence, in order to boost productivity in a competitive global economy, aligningdental curricula is essential to meet global standards. There are no such proposals implemented in dentistry until to start the CBCS. Hence, DCI designed the Draft of Bachelor of Dental Surgery Program Regulations 2022 to set a standard in order to restrict the variance in education and training practices for undergraduate dental courses offered by institutions across the Country. Hence, it is important to analyse the standard Indian curriculum and compare it with English speaking developed countries for higher education on the basis of standard parameters and make a structural updated model of curriculum with the necessary inclusions, exclusions and restructuring that helps to strengthen the curriculum and meets the current and future needs of the Dental profession in not only national but international context.

Therefore, this study, critically analyse the draft of Bachelor of Dental Surgery Program Regulations 2022 notified by Dental Council of Indiaand compare against English Speaking Developed Countries in USA and UK. This critical analysis intended for further modifications of this draft and generate new updated structural model for maintaining universalnorms of dental education in India.

Aim: The aim of the study was to critically analyse Bachelor of Dental Surgery Program Regulations 2022 draft notified by Dental Council of India as against English Speaking Developed Countries viz. USA and UK.

Material and Methods

Methodology for Curriculum Analysis:

The Institutional Ethics Committee of DMIHER, Sawangi, Meghe, Wardha approval for Doctoral Research obtained (Ref. No. DMIHER (DU)/IEC/2024/383).

The Draft of Bachelor of Dental Surgery Program Regulations 2022 was thus critically analysed and compared with the English Speaking Developed Countries, USA and UK. Since, the universities are among the top universities in the world and authorized by the relevant national regulatory framework, they are indicative of the curriculum including University of Michigan School of Dentistry, Ann Arbor, USA and Queen's University Belfast, UK [22,23].

The Dental Undergraduate Curricula selected from India, the United States of America, and the United Kingdom served as the foundation for curriculum comparison in each country. The study's documents were collected and evaluated from their respective official websites.

Parametric Structural Analysis:

Comparison of Indian Draft with USA and UK Curriculum on the basis of parameters:

The comparison for identification of structural gaps in terms of Eligibility, Course structure, Syllabic Inclusions of Course Topics, Number of Competencies, Teaching-Learning methods (Innovative Teaching-Early Clinical Exposure), Modes of Assessment-Formative and Summative including OSPE/OSCE, AETCOM, Entrustable Professional Activities (EPA), Electives, Alternative Degrees and Exit test.

Results

On comparison of Indian draft with USA and UK following observations are shown in the tables mentioned below.

Table 1. shows comparison of eligibility parameter for admission in Indian Universities as per Indian Draft with USA and UK Universities. Admission to dental undergraduate program the common entrance test for BDS Program in India is NEET, DAT in USA for DDS and UCAT in UK for BDS. In India a common counselling for admission on the basis of merit list of NEET whereas in USA and UK Students required to attend an online interview.

Table 1: Comparison of Eligibility parameter for admission in Indian Universities as per Indian Draft with USA and UK Universities

Sr.	Parameter	Indian Draft	United States of	United Kingdom
No			America	
•				
1	Eligibility-	For BDS	For DDS program-	For BDS
	cum-	Program-	DAT - Dental	Program-
	Entrance	NEET- 'National	Admissions Test	UCAT- University
	Test	Eligibility-cum-	AADSAS- The ADEA	Clinical Aptitude
		Entrance Test'	Associated American	Test
		NTA National	Dental Schools	UCAS-Universities
		Testing Agency-	Application Service	and Colleges
		MHFW, GoI.		Admissions
				Service through-
				www.ucat.ac.uk
2	Prerequisite	10+2 Higher	C or better grade	•AAA (Chemistry
	s	Secondary	with Prerequisites	and Biology) at A-
		Examination-with	Coursework-	level
		Physics,	Biochemistry,	• GCSE
		Chemistry,	Microbiology,	Mathematics
		Biology/Biotechno	Psychology,	minimum grade C
		logy, Mathematics	Sociology, English	required if not
		and English	Composition,	offered at AS level
			Biology, General	or A-level.
			Chemistry, Organic	•GCSE English
			Chemistry and	Language Grade
			Physics with labs	C/4
				•English - An IELTS
				score 7.5,
				minimum 7.0
				(Speaking)& 6.0
				(Listening)
				(Listelling)

Table 2 shows comparison of course structure parameter of Indian Draft with USA and UK Universities. Credits not mentioned in USA but present in Indian draft and UK Curriculum.Internship is not mentioned in USA and UK whereas, One-year compulsory rotatory Internship is required in Indian draft. Comprehensive care and early clinical work started in 1st year in USA and UK but not shown in new Indian draft.

Table 2: Comparison of Course Structure parameter of Indian Draft with USA and UK Universities

Sr.	Paramete	Indian Draft	United States of	United Kingdom
No	r		America	_
1	Course	5 & ½ years	4-years Program	5-years Program
	structur	program	Summer/Winter/Fall	Yearly term
	e with	9 semesters	terms	Subjects integrated
	credits	ıyear CRI	Subjects integrated	Year 1 and 2-
		24 Subjects	Year 1-	Foundations of
		(subjects not	½ day per week in clinic,	clinical practice
		integrated)	Assisting upper classes in	Year 3-
		Year wise	clinical care,	Clinical skills in
		subjects and	Direct patient care in	Restorative Dentistry
		credits not	winter term	& Impact of systemic
		divided	•Year 2-	disease in dentistry
		Subject wise	1-2 days per week	Year 4 and 5-
		credits allotted	Begin managing patient	
		An outgoing	families	Clinical Skills within
		graduate	•Year 3-	the range of clinical
		credits-	Average 2 days/week	specialties in
		>173 core credits,	seeing own patients,	dentistry. Clinical
		6 Comprehensive	2 weeks of hospital	teaching-within the
		clinical credits,	dentistry outside school,	Dental School and in
		•18 elective	specialty-based rotations	Outreach dental
		credits,	Year 4-	clinics
		>12 CDE credits,	3 days/week seeing own	
		61 CRRI credits	patients plus,	Year 1 (120 credits)
		Total 270 credits	12 weeks of outreach-	` ·
		-197 credits -	community based practice	
		CGPA	Characteristics of the	, , ,
			patient care program-	Year 5 (120 credits)
			Comprehensive	
			Competency-based	
			Vertically integrated	
			(teams of students from	
			all 4 years)	
			Early clinical experiences	
			in 1 st year	

Table 3 discussed about content inclusions in Indian Draft from Michigan University, USA and Queens University, Belfast, UK Curriculum. Few variations were observed in USA and UK curriculum which are proposed to be added in New Indian draft.

Table 3: Content inclusions in Indian Draft from Michigan University, USA & Queens University, Belfast, UK Curriculum

	Content inclusions from Michigan University, USA				
Sr.	Subject in	Topic name	Subject to be added in		
No.	Michigan		Structured updated model		
	University		of Indian curriculum		
	USA				
1	Basic Histology	Interpretation of	Addition in Human Anatomy,		
	for the Dentist	histological imagesin a	Embryology, Histology &		
		scientific way	Medical Genetics		
2	Cell and	Case Study-modern	Addition in Biochemistry		
	Molecular	biomedicine			
	Biology				
3	Clinical	3-D virtual simulation of	Addition in Orthodontics &		
	Rotation -	tooth movements	Dentofacial Orthopaedics		
	Orthodontics				
4	Scientific	Modules with exercises	New Subject to be introduced		
	Foundation for	and online assessments	as Foundation Course		
	Evidence-Based				
	Dentistry				
5	Introduction to	Patient privacy and	New Subject to be introduced		
	Clinical Skills	security practices	as Foundation Course		
		Practicing infection			
		control			
		Assisting a colleague			
		treating a patient			
		Identifying normal oral			
		anatomy and head and			
		neck structures			
		Performing head and			
		neck examinations			
		BLS			
		CPR			
6	Dental	Practice Management	Deleted from PHD and		
	Profession and	course-	New Subject to be introduced		
	Practice	Identifying elements	as Foundation Course		

		critical to effective	
		,	
		successful practice	
		Applying select elements	
		toward enhanced	
		management of your	
		Comprehensive Care	
		Clinic Practice	
		Assessing the impact of	
		those applications	
7	Pathways	Mentoring for future	New Subject to be introduced
	Program	avenues	as Foundation Course
		To align with NAAC-	
		Alumni Committee	
8	Oral Health	Overview of the Oral	New Subject to be introduced
	Promotion, HC	Healthcare Delivery	as Foundation Course in First
	System &	System	Semester
	Policy	Health Policy related to	
	•	oral health at the State	
		and National levels	
9	Comprehensive	Digital Impression	Addition in Oral &
	Care Clinic		Maxillofacial Prosthodontics -
			clinical activities-Skill
10	Occlusion	Obstructive Sleep	Addition in Orthodontics-
	Fundamentals	Apnea- Teledentistry	Clinical hands-on activity-
		,	Skill
11	Dental	Implant surgical guide	Addition in Oral &
	Implants	fabrication and hands-	Maxillofacial Prosthodontics-
	Treatment	on training on implant	Clinical hands-on activity-
	Planning	supported posterior	Skill
		crown	
Cont	ent inclusions fro	om Queens University, Bo	elfast, UK
Sr.	Subject in	Topic name	Subject to be added in
No.	Queens		Structured updated model
	University,		of Indian curriculum
	Belfast, UK		
1	Anatomy for	Dissection skills	Addition in Human Anatomy,
	Dentistry		Embryology, Histology &
	,		Medical Genetics
2	Special Care	Define disability and	Addition in Paediatric and
	Dentistry	explain the difference	
L	·	*	,

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		between medical and	
		social models of	
		disability	
3	Orthodontics	Explain and be able to	Addition in Orthodontics and
		carry out first aid and	Dentofacial Orthopaedics
		emergency management	
		for orthodontic	
		appliances	
4	Dental Public	Healthcare System's	New Subject to be introduced
	Health and	Dental Professionals	as Foundation Course in First
	Behavioural	work within Local and	Semester
	Science	National Health Policy	
		and Organisations	
		Delivery of healthcare	
		and equity	
		Protection and	
		promotion of the health	
		of individual patients	

Table 4 shows comparison of Competency, Learning and Teaching Methods and Assessment parameters of Indian Draft with USA and UK Curriculum. Indian draft shows Competency based education system aims at evolvement and expansion of competencies with maintenance of oral health as a whole. The University of Michigan School of Dentistry, USA is a prominent example of a school that increasingly adopting and emphasizes competency-based education to prepare students for clinical practice. Competency-based education in the Queen's University, Belfast, UK emphasizes the practical application of knowledge and skills in clinical settings with holistic approach. In undergraduate dental education, the number of assessed competencies varies in all three curriculums.

Indian draft, USA and UK Curriculum shows almost similar Innovative Teaching-Learning Methods and similar modes of Assessments.

Table 4: Comparison of Competency, Learning and Teaching Methods and Assessment parameters of Indian Draft with USA and UK Curriculum

Sr.	Paramet	Indian Draft	United States of	United		
No	er	Curriculum	America	Kingdom		
Cor	nparison of	Competency parame	ter of Indian Draft w	vith USA and UK		
	Curriculum					
1	CBDE	Evolvement and expansion of critical thinking and reasoning Instil professionalism Develop communication and interpersonal skills Betterment of oral/general health promotion of the individual and society Inclusion of practice management and informatics and Maintenance of oral health as a whole.	Prepare students for clinical practice Develop strong communication and critical assessment skills, enabling them to handle complex clinical situations	Clinical practice- practical application of knowledge and skills in clinical setting Holistic approach- To adopt diverse clinical situations		
2	Number of Compete	27	47	66		
Car	ncies	Lorming and Tasah	ing Mothoda (Irra)	vativa Taashin-\		
	_	Learning and Teach Idian Draft with USA	•	valive reaching)		
para 1	I		Traditional lecture-	• Innovative		
1	and	using videos, role		technologies		
	Teaching	plays and other		(World class		
	(Innovati	• •	Group Learning,	library)		
	ve		Innovative	Self-directed		
	Teaching)	,	approaches	study-		
		Flipped Classroom	likeblended	development as		

		Simulation	learning and virtual	independent,
		DOAP	clinics	lifelong learners
		Problem-Based	Critical thinking	Clinical
		Learning	Problem solving	teaching-
		Case-Based Learning	Early clinical	· ·
		Microteaching	experiences	clinical
			Case analysis and	environment
			_	E-Learning
			Simulation	technologies -
			exercises	Virtual Learning
			Critically appraised	Environment-
			topics	Canvas
			Clinical huddles	Lectures-Case-
			and discussion	based learning
			including	clinical
			comprehensive	scenarios
			treatment planning	Microteaching
			Grand rounds	
			presentations	
			SWOT analysis of	
			overall competency	
			development	
			Reflective self-	
			assessment and	
			essays	
			Ethical dilemma	
			resolution and	
			other exercises	
			Interprofessional	
			team-based	
			learning	
			Pathways project-	
			based inquiry	
	_	Modes of Assessment	t parameter of India	n Draft with USA
and	UK Curricu		1100	1460
1		MCQ's, Short		_
	(Theory)	answer, Essays and	and group projects	Studies and
	examina tion	Concept Maps Co-curricular	Short answer	Group Projects
	CIOII		Written projectSelf-assessment/	
		components Self-assessment	reflection	
		Deli-assessifielit	refrection	

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	Practical	Viva voce, OSCE,	• EPAs,	Clinical
2	/	Log book	 Standardized 	Procedures with
	Clinicale	EPA's	patient exams	patients
	xaminati	Clinical case	• Assessments of	OSCE-
	on	presentation&	clinical skills	Objective
		clinical evaluation	 Practical 	Structured
		AETCOM	Examinations	Clinical
		In formative	• Clinical Case-Based	Examination
		assessment-passing	Assessments	
		marks-30%	• OSCEs	
		Summative -50%	• Clinical SWOT	
			Analysis	
			 Longitudinal 	
			Assessment	
			• Dental	
			Competency	
			Assessments	
	Self-	Self-assessment	• Daily Self-	Not mentioned
3	assessme	during Formative	assessment in	
	nt	assessment	Clinical activities	

Table 5 discussed about comparison of electives parameter of Indian Draft with USA and UK Curriculum. In Indian draft, electives are designed to improve employability of graduates in trans disciplinary positions as healthcare workers. In Michigan University, USA Curriculum the overarching goal of the Pathways Program is to provide a space within the curriculum to ignite passion, foster purpose and sustain individual professional identity formation. Flexibility is the foundation of Pathways. In Queen's University Dental School, electives may focus on advanced clinical skills and techniques and Students can participate in research projects with faculty.

Table 5: Comparison of Electives parameter of Indian Draft with USA and UK Curriculum

Sr.	Paramet	Subject in Indian	United States of	United Kingdom
No	er	Draft Curriculum	America	
1	Electives	complete at least 9	Pathways	Advanced Clinical
		electives across all 6	Program -	Practice
		listed categories to	encourages	Research projects
		graduate.	student autonomy	
		Each Elective -2	and allows them to	
		credits	direct their own	
		Six Categories of	learning through a	
		electives-	multi-year	
		Integrated Dentistry,	program that	
		Advanced Clinical	begins in their D-1	
		Training,	year and	
		Research,	culminates in a	
		Ethics and	celebratory	
		Professionalism	Pathways Day in	
		Biomedical Science	their D-4 year.	
		Clinic	Continuing Dental	
		Administration	Education	
			Advanced Clinical	
			Skills	
			Research	
			Opportunities	
			Specialized	
			Areas:implantology	
			, public health, or	
			other advanced	
			specialties.	

Table 6 shows comparison of alternative/dual degrees-further study opportunities and exit test parameters of Indian Draft with USA and UK Curriculum. The DDS/MBA and DDS/PhDdual degree offered in USA and additional intercalated M.Sc. or B.Sc. or MPH offered in UK. All three Curriculums shows requirement of EXIT examination clearance to start dental practice.

Table 6: Comparison of Alternative/Dual **Degrees-Further** study opportunities and Exit Testparameters of Indian Draft with USA and UK Curriculum

Sr.	Parameter	Indian Draft	United States of	United Kingdom
No		curriculum	America	
1	Alternative	No scope for dual	DDS/MBA dual	Intercalated MSc or
	/	degree	degree	BSc
	Dual	Honors awarded	DDS/PHD-The	Master of Public
	Degrees-	for electives	doctor of	Health (MPH)
	Further	BSc- degree if not	philosophy degree	
	study	completing BDS	in Oral Health	
	opportuniti	Program	Sciences	
	es			
		NEXT- National	INBDE-	•LDS-The Licence in
2	EXIT	Exit Exam	Integrated	Dental Surgery
	Examinatio		National Board	
	n		Dental	
			Examination	

Discussion

Critical analysis of Indian Draft with USA and UK Dental Curriculum:

The Draft of Bachelor of Dental Surgery Program Regulations 2022 was critically analysed and compared with the English Speaking Developed Countries USA and UK. The Universities included for comparison are representative of the curriculum as the ones included are accredited by the respective Country regulatory framework and amongst the best gradations Worldwide.

On comparison of eligibility parameter of Indian draft with USA and UK Universities, it is observed that English Language with higher grade is prerequisite for admission in both countries. Hence, it needs to be incorporated as higher grade English language in Indian Dental Universities to match with the international standard.

Michigan University, USA Curriculum emphasised on 'Comprehensive patient care program' started early from first year provide a broad array of clinical experience, based on patient need. Similarly, in UK Curriculum Foundations of clinical and professional skills practice started from first and second years. Indian draft not shown clinical skills at the early stage (1st semester), therefore, clinical skills practiced during compulsory rotatory Internship which required One-year to acquire these skills. So, 'Comprehensive patient care program' should include in Indian curriculum at early stage, as it facilitates better healthcare services for patients and BDS Program can be of 4 and half years (9 semesters) plus 6 months'

Rotatory internship merely to revise the clinical skills and evaluating the student's competencies.

All the subjects in USA and UK Dental Universities are integrated with other subjects while in Indian curriculum subjects have separate existence which are suggested to teach the topics with vertical and horizontal integrations in Indian draft. Integrated subjects help to teach the topics of relevant subjects with all aspects in comprehensive manner along with clinical applicability. Hence, Subjects integrations need to be added.

'Interpretation of histological images in a scientific way' topic from 'Basic Histology for the Dentist' of Michigan University, USA to be added in Human Anatomy, Embryology, Histology & Medical Genetics and topic- 'Case Study-modern biomedicine' from 'Cell and Molecular Biology' to be added in Biochemistry. In Michigan University, USA 'Clinical Rotation-Orthodontics' includes '3-D virtual simulation of tooth movements'. This helps students to understand treatment planning options in simple way. Hence, it to be added in Orthodontics & Dentofacial Orthopaedics.

'Introduction to Clinical Skills' course in Michigan University, USA provides fundamental skills that a first year student must have to begin treating patients. These include patient privacy and security practices, practicing infection control, properly assisting a colleague treating a patient, identifying normal oral anatomy and head and neck structures, and performing head and neck examinations. Students will also receive basic life support (BLS - CPR) training and obtain other credentials in order to begin patient care. So, this subject to be introduced as 'Foundation Course' in First Semester in Indian Draft.

'Scientific Foundation for Evidence- Based Dentistry' (EBD) in Michigan University, USA is a major theme for all the courses in the curriculum and for a contemporary dental practice. This course provides a foundation for students along with an introductory working knowledge of all of the tools for EBD. This includes modules with exercises and online assessments. Therefore, this Subject to be introduced as 'Foundation Course' in Indian Draft.

'Dental Profession and Practice' in Michigan University, USA, and 'Dental Public Health and Behavioural Science' in Queen's University Belfast, UK, these courses are to make students aware of the real life issues facing the practicing dental professional and to provide with the skills necessary to excel as a dental professional and run a successful dental practice. In today's competent world, dental students need to be patient-centric with good communication skill and leadership qualities. The ethical and social issues that are intrinsic to the practice environment are addressed. 'Practice management' in Indian Draft is shown as core course. This subject to be restructured as a separate 'Foundation Course' in Fourth Semester before starting regular clinical postings in Indian Draft.

In Michigan University, USA, 'Pathways Program' course gives students a perspective of dental education from a diverse group of recent graduating students. During this course, students learn basic skills to help ensure academic and professional success and get to know their vertical mentors. Students assigned to groups midway through the semester after their Pathway Selection to interact with different classmates to build community and share reflections. This course helps in Mentoring for future avenues and to be align with National Assessment and Accreditation Council' (NAAC) criteria. Therefore, Subject to be introduced as 'Value-added Course' under Alumni association in First Semester in Indian Draft.

'Oral Health Promotion, Health Care System and Policy' from Michigan University, USA to be added in First Semester as 'Foundation Course' to conduct outreach activity under 'Public Health Dentistry' to make the students aware about overview of the 'Oral Healthcare Delivery System and Health Policy' related to oral health at the State and National levels.

In Michigan University, USA 'Comprehensive Care Clinic' course includes Digital Impression' to learn the advanced technology with precision in treatment outcome. So, to be added in Oral & Maxillofacial Prosthodontics as a clinical activity to improve clinical skill of student.

'Occlusion Fundamentals' in Michigan University, USA includes 'Obstructive Sleep Apnoea' via 'Tele dentistry' which needs a specialist to teach. Such specialists are not available in each institution. So, to make it possible to be added in Orthodontics as clinical hands-on activity to improve clinical skills of student.

'Dental Implants Treatment Planning' from Michigan University, USA included 'Implant surgical guide fabrication and hands-on training on implant supported posterior crown'. Hence, to be added in Oral & Maxillofacial Prosthodontics as a Clinical hands-on activity to improve clinical skills of student and make them competent.

'Dissection skills'topic from Anatomy for Dentistryto be added in Human Anatomy, Embryology, Histology & Medical Genetics from Queen's University Belfast, UK.From Queen's University Belfast, UK 'Special Care Dentistry' course includes 'Define disability and explain the difference between medical and social models of disability' topics to be added in Paediatric and Preventive Dentistry.

'First aid and emergency management' for orthodontic appliances topic from Orthodontics course in Queen's University Belfast, UKto be added in Orthodontics and Dentofacial Orthopaedics.

Michigan University, USA, Queen's University, UK and Indian draft shows Competency based education system aims at evolvement and expansion of 'critical thinking and reasoning, instil professionalism, develop communication and interpersonal skills, betterment of oral/general health promotion of the individual and society, inclusion of practice management and informatics for patient care-'diagnosis, planning, treatment and maintenance of oral health as a whole'.

Michigan University, USA, Queen's University, UK and Indian draft shows Nondidactic modes of teaching-learning like flipped classroom, problem based learning, case based/modified case based learning, and problem solving strategies are adapted for teaching theoretical aspects. Demonstration of concepts or techniques using videos, role plays and other audio-visual aids has carried out. But, USA and UK Universities education is more technology driven as compared to Indian Draft.

USA Curriculum shows daily Self-assessment in Clinical activities by students to improve their competencies. In Indian draft, Formative assessment shows 30% passing which should be updated to 50% to maintain the Intellectual standard of Healthcare profession.

Elective Subjects in University of Michigan School of Dentistry are continuing dental education, advanced clinical skills, research opportunities, specialized areas like implantology, public health, or other advanced specialties. Elective Subjects in Queen's University Dental School areAdvanced Clinical Practice and Research Opportunities.In Indian Draft, students should complete at least 9 electives across all 6 listed categories to graduate- Integrated Dentistry, Advanced Clinical Training, Research, Ethics and Professionalism, Biomedical Science and Clinic Administration. In USA, Michigan University offered DDS/MBA dual degree to dental students who would like to explore complementary interests and career goals that combine dentistry and business beyond what is offered in the DDS curriculum. DDS/PHD dual Degree, the doctor of philosophy degree in Oral Health Sciences is a program that trains exceptional students into becoming leaders in academic research in oral health science.

UK Queen's University offered further study opportunities like intercalated MSc or BSc., Master of Public Health (MPH), MPH in Global Health, MSc (Res) in Cancer Medicine, MSc in Experimental Medicine, MSc in Bioinformatics and Computational Genomics, MSc in Clinical Anatomy, MSc in Applied Developmental Psychology and MSc in Clinical Health Psychology.

Indian draft awarded a Honours Degree to a student who completed more than 14 electives and if a candidate completes more than 6 electives in a single elective category, then they shall receive an Honours in that category. If a student unable to complete BDS Course then he will pursue B.Sc. Oral biology, B.Sc. CAD CAM dentistry, B.Sc. Dental Technology, B.Sc. Psychology and other non-clinical arts programs within the powers of the university recognised by UGC.

Hence, upon review of the USA and UK curriculum with Indian draft, the conclusion drawn for the structural updated model curriculum will be framed with the above inclusions, substitutions and deletions of topics / subjects as discussed.

Conclusion

This study attempts to collect information regarding the Competency Based Dental Education Depicted in Draft of Bachelor of Dental Surgery Program Regulations 2022 notified by Dental Council of India and tries to compare and critically analysed with Dental Curriculum of English Speaking Developed Countries-USA and UK and will Propose a Structural Updated Model of Dental Curriculum in India. This would result in enhancement of global competencies in Indian Dental Graduates.

The present study in tune with its aims and objectives has brought out the required inclusions that have been duly aligned with criterion that are embodied in the UGC, NEP 2020, DCI and education 4.0.

In its result the structural updated model of Competency Based Dental Education Curriculum for use and utilization will be evolved and proposed which would be utilized by the planning and policy making authorities in India as a basal/referral document.

Limitations of the study

1. Outcome analysis of the use and utility of the curriculum in vogue has not been availed in the present study.

Recommendations:

- 'Amalgam' is outdated material which is still present in the Indian draft in Conservative Dentistry and Endodontics should be deleted and emphasis should be given on recent advanced materials like tooth coloured restorative materials.
- 2. Hybrid Learning should be practiced including Online Assessment on LMS as per student's pace/Offline.
- 3. Interdisciplinary/inter professional teaching should be introduced.
- 4. E-Portfolio module should be added for self-assessment of students and should be evaluated after every semester.
- 5. Student exchange program should be conducted at National and International Universities to share their knowledge and improve the interpersonal skills.
- 6. State of art Infrastructure should be planned in each Institute to upgrade the teaching.
- 7. Faculty Development Program (FDP) like Curriculum Workshop, Capacity Building, Teachers Training program should be carried out.
- 8. Regular feedbacks from all Stakeholders-Students, Faculties, Parents and Patients should be taken.

Declaration of conflict of interest

No conflict of Interest.

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