



Initiatives in Standardized Dental Educational Developments in Italy

We now teach and practice dentistry in an unprecedented era of globalization. As a result, we have become integral, and at times even active, participants in the significant changes that occur around the world in both health and other related fields. While political and economic incentives underscored the creation of the European community a few decades ago, numerous subsequent initiatives impacted the health profession's ongoing developments with evolving profound implications for personal educational growth and our profession's societal responsibilities.

A gradual process of seeking to match educational curricula and standards among European countries was started—an ambitious objective given the spectrum of educational and practice standards as well as differences that exist on the European continent, and sometimes even in individual countries. In June 1999, the Bologna Declaration mandated a series of reforms needed to make European higher education more compatible and comparable, as well as more competitive and attractive, for both Europeans and students and scholars from other continents. It continues to be perceived that the need for reform is ongoing if Europe is to match the performance of the best-performing educational systems in the world, notably North America, Asia, the United Kingdom, and Scandinavian countries.

Given this background, the Bologna Process proposed the creation of a European Higher Education Area by 2010, in which students could choose from a wide range of high-quality courses and benefit from uncomplicated recognition procedures. In this context, a background thumbnail sketch of the Italian dental educational experience is germane, and may be summed up as follows. Prior to 1981, any Italian student who decided to become a dentist had to first qualify as a physician before attending a 3-year postgraduate program in general dentistry. Nine years of medical and dental studies led to the title of MD, specialist in dentistry. Moreover, any dentist who sought to limit his or her practice to a specific discipline had only to study abroad.

Thirty years ago, the creation of schools of dental medicine in Italy introduced an educational system that was better able to standardize the education of young dentists with much less need for studying abroad as well as to provide a more predictable quality of dental treatment skills with resultant significant advantages

for the Italian population. However, this initiative's successful introduction of such a school of dental medicine was almost inevitably followed by a decision for arguably far too many universities also seeking to have their own schools of dental medicine, with the implied risk of unpredictable outcomes. It was also virtually self-evident that in several European countries there still existed small government-supported schools of dentistry that simply could not, indeed still cannot, provide high-quality standards of dental education. It is hard to believe that a dental school with less than 20 students and a proportionately small number of professors can possibly succeed in offering a high-quality dental education. This issue should be discussed within continental and international associations to obtain a standardized and level playing field that ensures the highest standards of scholarship. Another essential resource for the development of a school is its research activity. While the possibility of adequate, albeit modest, research programs in smaller schools is undeniable, it is tempting to maintain that larger institutions with better resources and a sizeable research team can dedicate more time and effort to this essential and ultimately quality-defining activity.

The recent merger of two dental schools into one institution was accomplished at London University in the United Kingdom as well as in Italy, with the latter's creation of the Tuscan School of Dental Medicine the result of an integration of Florence and Siena Universities. In these specific cases, the merged schools were not small institutions when compared with other Italian dental schools. Many benefits can be expected from the merger: a larger professorial and tutor contingent committed to teaching and research, more and better facilities available for students' clinical and laboratory activities, access to a greater number of patients for dental treatment and gathering of clinical research data, and hopefully, the availability of new and spacious facilities wherein all of the traditional clinical academic activities can be concentrated. It is also anticipated that from a research point of view, the Tuscan School of Dental Medicine can indeed accomplish a great deal, since the two individual schools were already well established and highly regarded in some areas of dental research. Following the integration, the new school has the opportunity to now assume a leading position in the international dental research community.

There is strong hope to increase integration among European countries in the future, not only through the Erasmus project that mainly manages exchanges of students and professors, but also through shared undergraduate programs that would lead to a degree acknowledged by the cooperating countries, at least within Europe. Similar initiatives of cooperation can be promoted (or conceived) for postgraduate courses,

such as specialty programs, Master's degrees, and PhD programs. The future has already started, and an exciting dental education evolution is encouraged (or prompted) by the needs and aspirations of new generations of committed clinical and basic science scholars.

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