

# Arguments of a non-oral health professional for interprofessional education in undergraduate oral health education curriculum in South Africa

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## ABSTRACT

It is perceived that undergraduate oral health education is yet to maximise participation in available opportunities for interprofessional education.

## Keywords

Interprofessional education, oral health education, curriculum transformation

## MAIN TEXT

Celebrating World Oral Health Day in 2023, the South African Dental Association (SADA), in agreement with the World Health Organisation's report on the global oral disease burden, acknowledged that South Africa faces an oral health crisis, with millions of people suffering from tooth decay, severe gum disease, tooth loss and oral cancer.<sup>1</sup> In 2024, SADA acknowledged the three-year (2024-2026) theme unveiled by the World Dental Federation (FDI) – “A Happy Mouth Is ... A Happy Body”,<sup>2</sup> geared to motivate people to value and care for their mouths and protect their health and wellbeing.

One of the ambitious targets in the 2023-2030 Global Oral Health Action Plan envisions that by 2030, 80% of countries will have oral healthcare services generally available in primary healthcare facilities.<sup>3</sup> It is believed that an interdisciplinary partnership between oral and general health professionals is key to improving communities' oral and general health.<sup>4,5</sup> Evidence of such partnership is still limited in South Africa as healthcare professionals often operate in silos.<sup>5-7</sup> Is this also reflected in undergraduate oral health education though Interprofessional Education (IPE) is acknowledged as a core competence?<sup>8</sup>

The FDI stressed the importance of IPE and collaborative practice for maintaining optimal oral health.<sup>9-12</sup> The need for an oral health workforce to be proficient in interprofessional collaboration is crucial in addressing the oral health challenges in South Africa.<sup>13</sup> There are opportunities for IPE in the undergraduate curricula of healthcare professional

students,<sup>13-24</sup> including medicine, nursing, physiotherapy, occupational therapy, nutrition and dietetics, pharmacy, social work and “other professions” including “dentistry and oral health”.

For example, the absence of oral health students from IPE platforms is perceived to hinder primary prevention or early identification of oral diseases.<sup>17</sup> Is the training of oral health professionals in South Africa still aligned mostly with the 20th century healthcare focus on acute conditions?<sup>25</sup>

Successful integration of IPE within the undergraduate oral health education curriculum requires more than a mere change in curriculum.<sup>26</sup> Like all other healthcare professional education in South Africa, it requires a significant paradigm shift toward a more collaborative and efficient healthcare system that ensures doctors, nurses and other health professionals constantly work [together] to improve the care they provide through proper support systems.<sup>25,27-29</sup> It is heartwarming to note that SADA still believes “constructive engagement and a collaborative approach are essential for developing a healthcare system that serves the best interests of all South Africans”,<sup>30</sup> (p359) though the transformation of the undergraduate curriculum to achieve this goal is taking a while.

The time to act is now to contribute to achieving the WHO global target<sup>3</sup> and the goals of the three-year theme of the FDI.<sup>2</sup> Healthcare has always been about teamwork.<sup>25</sup> Using the words of Sir Richard Horton, the Editor in Chief of Lancet: “*Everyone who cares about global health should advocate ending the neglect of oral health.*”<sup>2</sup> (p69)

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