

What are Indian oral pathologists talking about?



We are in the season of postgraduate exams, and this is the time, aside from conferences, we get to meet our colleagues from different parts of the country. In the process of discharging my responsibilities as examiner/inspector, I have had some informal discussions, which I feel, are relevant to our specialty as it stands today and which I would like to share here. Leaving aside the social chitchat, discussions revolved around the Following three issues:

1. Interesting cases seen recently
2. Quantum of oral pathologists graduating and employability
3. Research

The first topic is always a learning experience. The second is a major concern with many hierarchies of administrative complexities we have been unsuccessful in solving. As things stand, it seems that self-correction by supply-demand imbalance may be the only eventual solution.

It is with respect to the third aspect of research, which we can and should address, I would like to share the inputs I have received.

First, some interesting calculations which were brought to my attention: There are 305 dental colleges and around 115 of them offer postgraduate program in oral pathology with intakes ranging from 2 to 6 per year. Even if we take it as an overall average of three per institution per year, it works out to around 345 admissions every year (of course optimistically presuming that the dismal overall admission scenario this year, due change in admission policy, is a one-off situation). The dissertation topics are observational or experimental; let us presume that around 300 are

experimental studies. The expenses are conservatively estimated to be around INR 40,000 per study leading to a significant amount of INR 12,000,000 being spent on research every year.

The second important concern was this figure should be considered in the light of the fact that we do not have a way to exchange information between institutions leading to overlap and redundancy.

The third interesting observation was that there are centers with huge number of cases but no time or resource to do research on one hand while on the other hand there are institutions with resources but lesser number of case loads: Why cannot we bring them together, to generate good studies. In addition, in this context, there are basic research centers, which look forward to acquiring clinical cases. How can we identify and work with them, as some centers have successfully done?

Finally, why are we not pooling data to get a comprehensive oral disease burden map of India? Let me hasten to add that this has been deliberated upon at the IAOMP meetings, but given the current scenario there is an urgent need for us to take them up quickly if we are to maintain our relevance to the same degree we have done in the past.

Identifying the issues and talking about them is the correct step forward, but what are the solutions. Some of the suggestions are:

1. IAOMP needs to proactively step in to interconnect institutions with matching needs
2. Individual scientific temper and zeal to share so as to collectively contribute to national and global data

3. Setting up a committee (working) of senior pathologists – Oral, general and basic researchers to identify focus areas of research, and lacunae that need to be addressed. These areas of potential research of national importance can be circulated and disseminated among members or posted on our website to help postgraduate choose their topic
4. Setting up or helping to setup ethical boards where they are not available.

Having the honor of being a part of IAOMP, at almost all levels of responsibilities, I am confident in the capacity of our association to take up these issues effectively. However, it is up to each of us as members of the association to work with IAOMP to help us achieve these goals.

Let me end by emphasizing that we do research because we have something to do and not because we have to do something.

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