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Brazilian panorama of training in Hospital Dentistry: from undergraduate to postgraduate studies

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Abstract The objective of this study was to provide a detailed overview of Hospital Dentistry (HD) education across different regions of Brazil, encompassing undergraduate and postgraduate levels. This was designed as an exploratory, quantitative, cross-sectional study. Data collection was conducted through the Ministry of Education (MEC) website to catalogue Dentistry courses in Brazil, followed by an analysis of the curricular matrices available on the websites of Higher Education Institutions (HEIs). The Federal Council of Dentistry (CFO) website was utilized to gather information regarding the number of dentists, HD specialists, and specialization courses in HD across the various regions. A total of 407 HEIs were analyzed, of which 136 offered the HD curricular component (33.4%), predominantly as a mandatory subject (78.5%), with a workload exceeding 30 hours (88.5%). The content is primarily theoretical (53.4%) and most frequently offered in the ninth semester (36.5%). The Southeast region hosts the largest proportion of dentists (49.3%) and HD specialists (53.2%), as well as the highest concentration of specialization courses in the field (35.4%). There is a limited incorporation of HD as a curricular component within Brazilian HEIs, which may contribute to the low number of specialists in the area. The greater availability of curricular components and specialization courses is concentrated in the Southeast, directly reflecting the higher presence of HD specialists in this region.
Descriptors: Dental Staff, Hospital. Education, Dental. Education, Dental, Graduate.

Panorama brasileño de la formación en Odontología Hospitalaria: del pregrado al posgrado
Resumen El objetivo de este estudio fue presentar un panorama detallado de la enseñanza de Odontología Hospitalaria (OH) en diferentes regiones de Brasil, desde la licenciatura hasta el posgrado. Por lo tanto, se trata de un estudio exploratorio, cuantitativo y transversal. La recolección de datos se realizó en el sitio web del Ministerio de Educación (MEC) para catalogar los cursos de Odontología en Brasil, seguido del análisis de las matrices curriculares en los sitios web de las Instituciones de Educación Superior (IES). El sitio web del Consejo Federal de Odontología (CFO) se utilizó para recopilar información sobre el número de cirujanos dentistas (DS), especialistas en OH y cursos de especialización en OH en las diferentes regiones. Se analizaron un total de 407 IES, de las cuales 136 ofrecían el componente curricular de OH (33,4%), mayoritariamente como componente obligatorio (78,5%), con una carga horaria de más de 30 horas (88,5%). El contenido es predominantemente teórico (53,4%) y más común en el 9º semestre (36,5%). La región Sudeste concentra la mayor cantidad de CD (49,3%) y especialistas en Salud Ocupacional (53,2%), además de concentrar la mayor cantidad de cursos de especialización en el área (35,4%). La inclusión de Salud Ocupacional como componente curricular en las IES brasileñas es limitada, lo que podría contribuir a la baja cantidad de especialistas en el área. La mayor oferta de componentes curriculares y cursos de especialización se concentra en la región Sudeste, lo que refleja directamente la mayor presencia de especialistas en Salud Ocupacional en esta región.
Descriptores: Personal de Odontología en Hospital. Educación en Odontología. Educación de Posgrado en Odontología.

Panorama brasileiro da formação em Odontologia Hospitalar: da graduação à pós-graduação
Resumo O objetivo deste estudo foi apresentar um panorama detalhado sobre o ensino de Odontologia Hospitalar (OH) nas diferentes regiões do Brasil, desde a graduação até a pós-graduação. Trata-se, portanto, de um estudo exploratório, quantitativo e transversal. A coleta de dados foi realizada no *site* do Ministério da Educação (MEC), para catalogar os cursos de Odontologia no Brasil, seguida pela análise das matrizes curriculares nos *sites* das Instituições de Ensino Superior (IES).

O *site* do Conselho Federal de Odontologia (CFO) foi utilizado para reunir informações sobre o número de cirurgiões-dentistas (CDs), especialistas em OH e cursos de especialização em OH nas diversas regiões. Foram analisadas 407 IES, das quais 136 ofereciam o componente curricular de OH (33,4%), majoritariamente como componente obrigatório (78,5%), com carga horária superior a 30 horas (88,5%). O conteúdo é predominantemente teórico (53,4%) e mais comum no 9º semestre (36,5%). A região Sudeste abriga o maior número de CDs (49,3%) e especialistas em OH (53,2%), além de concentrar a maior quantidade de cursos de especialização na área (35,4%). Observa-se uma limitada inserção da OH como componente curricular nas IES brasileiras, o que pode contribuir para o reduzido número de especialistas na área. A maior oferta de componentes curriculares e cursos de especialização concentra-se na região Sudeste, refletindo diretamente na maior presença de profissionais especialistas em OH nessa região.
Descritores: Equipe Hospitalar de Odontologia. Educação em Odontologia. Educação de Pós-Graduação em Odontologia.

INTRODUCTION

Hospital Dentistry (HD) is a field focused on providing dental care to patients in the hospital setting, whether in outpatient settings, general wards, or in intensive care units[1]. In hospitals, the dentist is responsible for managing infections, inflammations, orofacial bleeding, pain, and other oral health conditions[2,3]. Oral health interventions and daily monitoring of patients by the dentist are essential, as oral changes can alter the responses and progression of medical treatments[4].

Recently, Resolution CFO-262 of 2024 from the Federal Council of Dentistry (CFO) officially recognized HD as a specialty, establishing requirements for specialist training, including a minimum workload of 500 hours, equally divided between theory and practice[5]. However, there is a significant gap in dental students' training related to hospital dentistry[6].

The current National Curriculum Guidelines (NCG) for undergraduate dental programs highlight the importance of dental care in healthcare institutions, including hospital settings. Article 25, item XI, emphasizes that programs must integrate HD-related content into their curricula[7]. Such inclusion is vital not only to prepare students to manage patients with systemic conditions, but also to increase the recognition of the profession and expand professional opportunities[8-10].

Wayman et al. (2015)[6] interviewed 500 dentists and found that only 12% had any experience with HD during their undergraduate studies, and even then, such experience was acquired within other curricular components. A small proportion of respondents (18%) evaluated this experience positively. Thus, the scarcity of HD in curricula is directly linked to difficulties in disseminating knowledge specific to the profession, as well as to a lack of awareness and acceptance of the dentist by other professionals working in the hospital setting.

Undergraduate training in hospital dentistry appears to be neglected in most higher education institutions [11-14]. As a result, future professionals do not feel encouraged or motivated to seek further training in the area after graduation, which may lead to a limited supply of services due to the small number of qualified professionals. The lack of dissemination of knowledge in this field may hinder the integration of professionals into the job market.

It is essential that undergraduate dental programs systematically include hospital training in their curricula, as provided for in the NCG[7], in order to encourage students to explore this area and foster interest in professional development. Furthermore, the inclusion of practical activities and internships enables healthcare teams to recognize the dentist as an integral member of the multidisciplinary team.

In light of the above, the present study aimed to provide an overview of the teaching of HD in different Brazilian regions, from the inclusion of curricular components in undergraduate programs to the availability of specialization courses. The results obtained may serve as a basis for planning HD education and aim to disseminate this information to facilitate the integration of qualified professionals into health services.

METHODS

An exploratory, quantitative, and cross-sectional study was conducted, based on the following units: (1) the presence of the HD curricular component in the curricula of undergraduate dental programs in Brazil; (2) the number of specialization courses in HD; and (3) the number of professionals registered in HD with regional councils.

The search for the first and second units was carried out on the website of the Ministry of Education (MEC – https://emec.mec.gov.br/emec/nova), where the websites of Higher Education Institutions (HEIs) registered in the National Register of Courses and Higher Education Institutions (Cadastro e-MEC) are available.

All HEI websites were visited, and the curricula were analyzed, when available, to investigate the presence of the HD curricular component. The offering of the component was analyzed considering the following variables: type of institution (public or private); workload (≤30 hours or >30 hours); content (theoretical or theoretical-practical); requirement status (mandatory or elective); and semester in which it is offered. Institutions that did not present the HD component in their curricula were excluded from the study.

The third unit was analyzed based on a search conducted on the CFO website (https://website.cfo.org.br/busca-profissionais/), by consulting the register of specialists with each state's Regional Council of Dentistry (CRO) to obtain the total number of registered dentists and the number of dentists certified as specialists in hospital dentistry.

Data were collected by a single researcher from March to July 2024, organized into a dedicated Excel spreadsheet and analyzed descriptively using absolute and relative frequencies with the support of Jamovi software (version 2.3.12).

In accordance with Law No. 14,874, of May 28, 2024, this research was not submitted to ethics committee review, as only secondary data from public sources were used. Nonetheless, all applicable research ethics standards in Brazil were observed, and the names of the institutions were withheld to ensure confidentiality.

RESULTS

All HEIs in Brazil offering undergraduate dental programs were analyzed, totaling 488, with the aim of investigating which institutions included the HD curricular component. A total of 81 institutions were excluded for not providing the curriculum on their institutional website or for presenting it in an incomplete manner. Figure 1 shows the distribution of undergraduate dental programs in Brazil (Figure 1).

The largest number of undergraduate dental programs in Brazil is found in the Southeast region (n=166; 34.0%), particularly in the states of São Paulo and Minas Gerais (n=68; 13.9%), predominantly in private institutions (n=435; 89.1%).

Of the 407 HEIs that offered dental programs, 136 included the Hospital Dentistry (HD) curricular component (33.4%), with the highest concentration in the Southeast region (n=43; 31.6%), followed by the Northeast (n=40; 29.4%), South (n=24; 17.6%), Central-West (n=20; 14.7%), and North (n=9; 6.6%) regions (Figure 2).

Most HEIs offering the Hospital Dentistry (HD) curricular component are private institutions (n=117; 86.0%), and the majority provide a workload greater than 30 hours (n=92; 88.5%), with content delivered predominantly in a theoretical format (n=62; 53.4%). In most HEIs, the curricular component is mandatory (n=102; 78.5%), most frequently offered in the 9th semester (n=35; 36.5%), towards the end of the program (Table 1).

The Southeast region has the highest number of dentists (n=469,609; 49.3%), Dentists' specialists (n=1,444; 53.2%), and the greatest number of HD specialization courses (n=35; 35.4%). Meanwhile, the Northeast and Central-West regions also have notable participation, with 18.8% (n=509) and 11.0% (n=299) of HD specialists, respectively. The distribution of specialization courses follows a similar trend to that of HD specialists in absolute and proportional terms, although no correlation between variables was inferred by means of specific tests (Table 2).

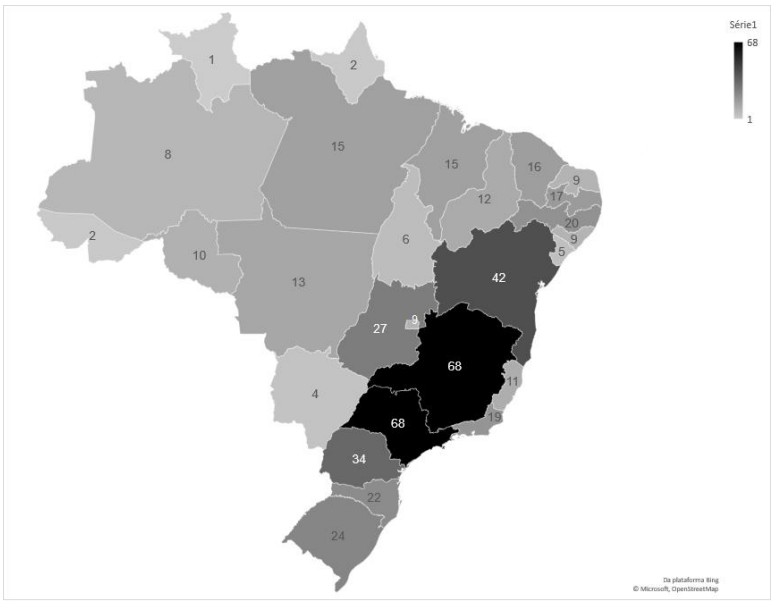

Figure 1. Distribution of undergraduate dental programs by Brazilian state.
Source: National Register of Courses and Higher Education Institutions (Registration e-MEC), 2024.

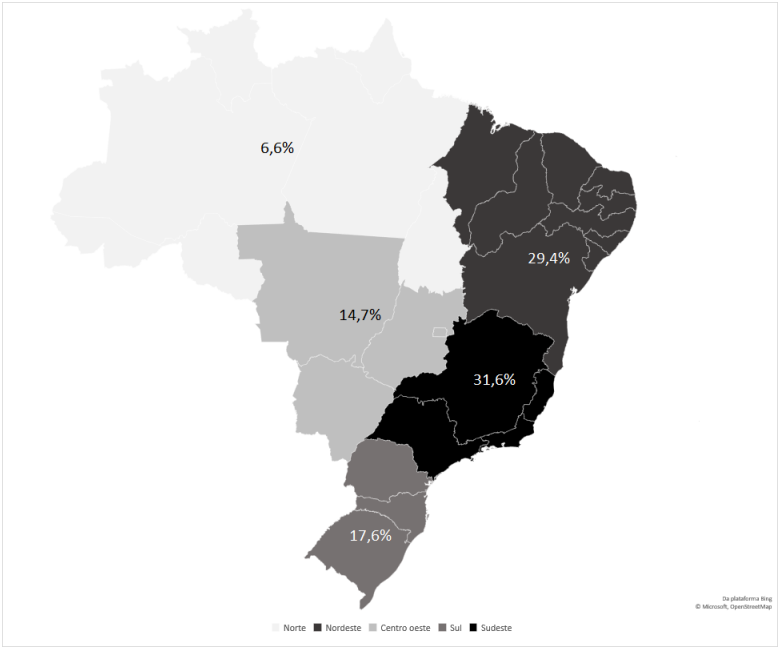

Figure 2. Availability of the Hospital Dentistry curricular component by Brazilian region.
Source: National Register of Courses and Higher Education Institutions (Registration e-MEC), 2024.

Table 1. Description of the offering of the Hospital Dentistry curricular component in dental programs in Brazil. 2024.

Variable		n	%
Presence of the HD curricular component (n=407)			
	Yes	136	33.4
	No	271	66.6
Type of institution (n=136)			
	Public	19	14.0
	Private	117	86.0
Workload (n=104)			
	>30h	92	88.5
	<30h	12	11.5
Content (n=116)			
	Theoretical	62	53.4
	Theoretical-practical	54	46.6
Requirement (n=130)			
	Mandatory	102	78.5
	Elective	28	21.5
Semester offered (n=96)			
	4th	1	1.0
	5th	1	1.0
	6th	3	3.1
	7th	11	11.5
	8th	22	22.9
	9th	35	36.5
	10th	23	24.0

Source: e-MEC, 2024.

Table 2. Description of dentists, specialists, and specialization courses in Hospital Dentistry in Brazil. 2024.

Regions	Dentists	Specialists in HD	Specialization Courses in HD
	n (%)	n (%)	n (%)
North	59.774 (6.3)	241 (8.9)	16 (16.2)
Northeast	182.250 (19.1)	509 (18.8)	20 (20.2)
Central-West	94.800 (10.0)	299 (11.0)	13 (13.1)
South	145.835 (15.3)	220 (8.1)	15 (15.1)
Southeast	469.609 (49.3)	1.444 (53.2)	35 (35.4)
Brazil	952.268 (100.0)	2.713 (100.0)	99 (100.0)

HD: Hospital Dentistry. Source: CFO, 2024

DISCUSSION

The results of this study highlight the need for a deep pedagogical reflection on the limited presence of HD in undergraduate education and in the job market. The data presented here reveal that only a small proportion of HEIs offer the HD curricular component, which directly impacts students' interest in qualification in this field and, consequently, the availability of qualified professionals in health services.

The suggested pedagogical reflection advocates for curricular reform to include HD in a more comprehensive way[15], promoting greater student interest and encouraging professional qualification in the area. This is essential to increase the supply of skilled professionals to work in hospital settings, contributing to the improvement of health services and the integration of the dentist into the multidisciplinary team[16].

Santos et al. (2023)[17] conducted a survey with dental students on the inclusion of HD in the curriculum. Among respondents, 77.6% had never participated in dental care in a hospital setting, while 94% recognized the importance of integrating knowledge of hospital settings for DSs. The study revealed that students feel insecure and unprepared for hospital-based care.

The inclusion of HD in the curriculum of dental courses provides a more robust theoretical and practical foundation, improving students' skills for working in hospitals. Thus, the addition of the HD curricular component can help overcome prejudice, strengthen academic knowledge, and better prepare students for these environments, as well as encourage their interest in pursuing postgraduate training in this area[9,10].

Ribeiro et al. (2024)[12] evaluated, through a survey, the availability of HD content in dental courses in Espírito Santo (Brazil) and the perceptions of course coordinators on the subject. The authors found that, although HD is growing and valued theoretically, there is a strong need for practical integration, underlining its importance and relevance.

The present study is consistent with the findings of Ribeiro et al. (2024)[12], as 66.6% of the 407 HEIs assessed do not offer the HD component, and among those that do, most address the content only theoretically (n=62, 53.4%). These data emphasize the importance of integrating theoretical and practical knowledge in HD, to ensure the development of competencies and skills inherent to dental care in hospital settings.

Furthermore, the results show that HD training varies significantly between different regions of Brazil, reflecting inequalities in course offerings and demand for specialists. The Southeast region, for example, concentrates most HEIs that offer the HD curricular component and also houses the largest number of DSs specialized in the field. This concentration suggests a direct relationship between the inclusion of the curricular component and the demand for qualified professionals, indicating that where there is greater educational provision, there is also greater presence in the job market.

The disparity in HD training among regions may be attributed to socioeconomic factors and the available health infrastructure[17,18]. Regions such as the Northeast and Central-West have fewer institutions offering the curricular component, which may limit the training of professionals to meet local needs. This situation is concerning, as the lack of HD specialists may negatively affect the quality of health services provided to the population.

Given this disparity, there is a clear need to expand and diversify HD training and practical opportunities in other regions of Brazil. Therefore, it is crucial that the HD curricular component be addressed in dental courses throughout the country that do not yet include it. This inclusion would not only encourage and prepare professionals for hospital dental care, but also help strengthen the job market, positively impact the oral health of hospitalized patients, and increase the visibility of this field, recently recognized by the CFO as a dental specialty[5].

Another factor contributing to this regional difference is the enactment of state laws. Of the four states in the Southeast region, three (São Paulo[19], Minas Gerais[20], and Rio de Janeiro[21]) have laws that regulate the activity of DSs in hospitals. This considerably influences the professionalization and qualification in HD, the existence of postgraduate courses, and the offering of the curricular component in undergraduate dental programs. Thus, it is suggested that such legislation serve as a model for other regions seeking to strengthen their educational offerings in the field.

The regional implications of HD training in Brazil are complex and require special attention from HEIs and educational policymakers. To overcome existing barriers, it is suggested to promote curricular reforms that integrate theory and practice, decentralize the offer of specialization, and implement public policies that encourage ongoing professional training. These actions can significantly contribute to improving the quality of hospital dental care in Brazil and meeting the growing demands of health services.

It was observed that HD content was predominantly addressed theoretically, with less emphasis on the theoretical-practical approach. Hospital practices, on the other hand, provide students with the opportunity to experience interaction with different health areas and understand the roles of DSs in a hospital setting, which is often unfamiliar to those accustomed only to the clinic environment[12].

Moreover, interaction with other professionals in an environment that fosters interprofessional dialogue is fundamental for promoting collaborative health practices, teamwork, and the recognition of various professions. This approach is aligned with the generalist graduate profile established by the NCG, which aims to prepare students for a more integrated and comprehensive professional practice[16,22].

Melo (2022)[23] assessed the distribution of DSs with postgraduate training in HD across Brazilian regions and found a total of 2,368 DSs with HD postgraduate degrees, with 1,345 (56.78%) in the Southeast, 372 (15.71%) in the Northeast, 257 (10.85%) in the Central-West, 215 (9.08%) in the North, and 179 (7.56%) in the South. Compared to the present study, there is a 14.5% increase in DSs with postgraduate training in HD, with the most significant increase in the Northeast (36.8%), followed by the Southeast (7.4%). Thus, it is clear that HD in Brazil is on the rise, albeit slowly and gradually.

This pattern of growth may be related to the limited availability of HD postgraduate courses, as observed in the present study. The scarcity of HD specialization courses, concentrated in a few regions, requires attention. The decentralization of these programs from large centers is essential to facilitate access to specialization and to promote greater entry of DSs into HD throughout Brazil. In addition, the recent regulation of HD by the CFO must be considered, which also contributes to the limited number of specialists, as the study was conducted in the year of such recognition.

Specialization in HD enables professionals to address a series of unmet needs in health services due to a lack of specific knowledge, such as dental care for cancer patients, those with blood disorders, transplant recipients, patients undergoing hemodialysis, as well as cardiac, hepatic, endocrine, and respiratory patients[24]. The role of the DS in a hospital setting is essential to ensure proper management of these patients, who often have complex clinical conditions.

The professional specialized in HD is qualified to treat and prevent diseases that directly affect the stomatognathic system, which can significantly reduce the risk of complications and infections during hospitalization, as well as decrease hospital stay and bed occupancy. This role is crucial, as oral health is closely linked to the manifestation and progression of various systemic diseases[24].

It is important to note that the decision to analyze curricular matrices rather than Course Pedagogical Projects (PPCs) represents a limitation. By opting for this approach, the detailed syllabi of curricular components, which normally provide more precise information on the content covered, were not evaluated. Thus, it is possible that hospital dental care topics are being included in a dispersed or integrated manner in other curricular components, without being explicitly indicated in the analyzed curricula. The lack of this detailed analysis may limit a complete understanding of how the content is addressed throughout students' education.

Nevertheless, it is argued that, for the consolidation of HD as a professional field, this content should be addressed in greater depth and include practical scenarios in hospital services, providing future professionals with interdisciplinary experiences and direct contact with the hospital dental care of critical patients.

Although HD is gaining greater visibility, there are still no studies exploring the relationship between the offering of the curricular component and professionals' decisions to pursue this area, which could serve as a starting point to investigate the slow rise of the specialty. However, despite these limitations, our results remain relevant, as this is the first study to make this comparison, significantly contributing to a better pedagogical reflection and understanding of HD in Brazil.

To promote the growth of the field, it is essential to expand the inclusion of HD in undergraduate and specialization courses, focusing on regions with fewer specialists. Strengthening academic training and specialization offerings may create opportunities for greater professional engagement in the field, expanding HD practice in Brazil and meeting the growing demands of health services.

CONCLUSION

It is concluded that the inclusion of HD as a curricular component in Brazilian HEIs is quite limited, which contributes to the low number of specialists in the field. The highest concentration of these components and specialization courses is in the Southeast region, which also has the largest proportion of HD specialists, while other regions of the country present a considerably lower offering. When present, the HD curricular component is, for the most part, mandatory, with a theoretical approach and a workload greater than 30 hours.

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