EDITORIAL

Declining BDS Admissions in Pakistan: Are Limited Career Opportunities Threatening the Future Dental Workforce?

Usama Siddiqui[1], Ghulam Rasool[2]

1. Department of Dental Materials, Rehman College of Dentistry, Peshawar, Pakistan
2. Department of Orthodontics, Rehman College of Dentistry, Peshawar, Pakistan.

Pakistan's dental profession is facing a critical challenge as admissions to Bachelor of Dental Surgery (BDS) programs continue to decline across several dental colleges.[1] This trend reflects growing concerns about limited career prospects for dental graduates and longstanding deficiencies in oral health workforce planning. If left unaddressed, it may adversely affect the future availability and sustainability of Pakistan's dental workforce.[2] Dentistry has long been regarded as a respected profession offering opportunities in clinical practice, academia, research, public health, and specialist training.[3] However, growing concerns about limited employment opportunities and uncertain career progression have led many prospective students and their families to question the value of investing in dental education, influencing career choices among high-achieving students.[4]

A major reason of this trend is the mismatch between the increasing number of dental graduates and the limited employment opportunities available. Over the past two decades, the expansion of dental colleges and BDS admissions have not been matched by growth in government jobs, hospital appointments, or postgraduate training positions. Consequently, many graduates' face unemployment, underemployment, or delayed career progression despite completing a demanding professional degree.[5] The public sector employment remains limited, with few dental surgeon vacancies, irregular recruitment, and administrative delays. In addition, dental graduates have fewer structured postgraduate training and career progression opportunities than medical graduates, creating uncertainty about long-term professional development and discouraging many talented students from choosing dentistry as a first-choice career.[6]

The private sector, while a major employer, also presents significant challenges. Many new dentists work in low-paying positions, and establishing an independent practice requires substantial investment in infrastructure, equipment, and dental materials. These financial barriers often delay professional independence and career advancement, particularly for those without adequate financial support.[7] Another key factor is the lack of clearly defined and diversified career pathways. Although modern dentistry offers opportunities in research, public health, digital dentistry, artificial intelligence, biomaterials, forensic odontology, education, and industry, many of these fields remain underdeveloped or poorly recognized in Pakistan. Undergraduate education continues to emphasize clinical practice, with limited exposure to research, innovation, entrepreneurship, and emerging technologies, leaving many graduates unaware of alternative career opportunities.[8]

The decline in BDS admissions has implications beyond education. Pakistan continues to face a high burden of preventable oral diseases and unequal access to dental care, particularly in rural areas. A sustained reduction in motivated dental students could weaken the future oral healthcare workforce, making this not only an educational issue but also a public health and workforce planning challenge.[9] Addressing this challenge requires coordinated efforts by policymakers, the Pakistan Medical and Dental Council (PMDC), the Higher Education Commission (HEC), health departments, universities, professional associations, and the private sector. Oral health workforce planning should be based on population needs and supported by regular workforce assessments to guide BDS admissions, employment, and postgraduate training.[10]

Expanding public sector employment should be a national priority. Integrating oral healthcare into primary care, district health systems, school oral health programs, and community preventive services would improve access to dental care while creating sustainable jobs for graduates. Regular and transparent recruitment would further strengthen confidence in dentistry as a career.[11]

llowship, and continuing professional development opportunities would create clearer career pathways and strengthen specialized dental services. Universities should also promote research, interdisciplinary collaboration, and emerging fields such as dental materials, biotechnology, digital health, and artificial intelligence to prepare graduates for a rapidly evolving profession.[12] The private sector can also help expand employment opportunities. Incentives for practices in underserved areas, public-private partnerships, low-interest financing, and entrepreneurship programs can support sustainable careers while improving access to oral healthcare. Collaboration between universities, industry, and digital health sectors can further diversify career opportunities and promote innovation.[13]

Career guidance should be an integral part of dental education. Students should receive accurate information on employment trends, postgraduate training, research, entrepreneurship, international opportunities, and emerging fields in dentistry. This will help them make informed career decisions and develop skills aligned with the evolving needs of healthcare systems. The decline in BDS admissions should be viewed as a catalyst for reform rather than simply a fall in student recruitment. Pakistan has the capacity to build a strong and future-ready dental workforce, but this requires strategic planning that aligns dental education with national oral health needs and expands sustainable career opportunities. By strengthening workforce planning, increasing employment, diversifying career pathways, and investing in postgraduate education and research, Pakistan can restore confidence in the profession and ensure a resilient oral healthcare system for the future.

Corresponding Author
Usama Siddiqui
Department of Dental Materials, Rehman College of Dentistry, Peshawar, Pakistan
Email: usama.siddiqui@rmi.edu.pk

Received: March 30, 2026
Revised: June 3, 2026
Accepted: June 8, 2026
DOI: https://doi.org/10.52442/jrcd.v7i02.282

References

1. Zahra N, Asad SR, Khan M, Asad SA, Asad SA, Syed Q-u-AJIJoBR. Addressing Challenges of Dental Problems in Pakistan: A Comprehensive Review. 2024;3(1).
2. Kurji Z, Premani ZS, Mithani YJJAMCA. Analysis of the health care system of Pakistan: lessons learnt and way forward. 2016;28(3):601.
3. Jaffry TN, Mirza S, Farheen S, Khalid SJPJoPH. RELUCTANCE TO SERVE IN RURAL AREAS: DOCTORS'PERSPECTIVE. 2017;7(3):157-62.
4. Qazi HS, Ali K, Cockerill J, Zahra DJPM, Dental. Self-perceived competence of new dental graduates in Pakistan–A multi-institution study. 2021;71(3):739.
5. Bajwa M, Najeeb F, Alnazzawi H, Ayub A, Bell JG, Sadiq FJC. A Scoping Review of Pakistani Healthcare Simulation: Insights for Lower-Middle-Income Countries. 2024;16(12).
6. Siddique H, Mehak S, Farrukh M, Raza A, Ali MSJJoH, Wellness, Research C. Evaluating Knowledge, Adoption, Barriers, and Future Perceptions of Digital Dentistry: A Cross-Sectional Study Among Dental Students and Dentists in Pakistan. 2025:e878-e.
7. Khawaja MUN, Siddique H, Ahmed A, Hassan M, Farrukh M, Zaidi SHRJJoH, Wellness, et al. Awareness and Adoption of Regenerative Dentistry among Dental Students and Practitioners in Pakistan: A Cross-sectional Study. 2025:e820-e.
8. Zehra H, Kabir RJAJoPH, Nursing. Systematic Review on Oral Health Knowledge, Practice and Attitude in Pakistan. 2024.
9. Gomes APM, da Silva EG, Gonçalves SHF, Huhtala MFRL, Martinho FC, de Paiva Gonçalves SE, et al. Relationship between patient's education level and knowledge on oral health preventive measures. 2015;1(1):1-7.
10. Khan YA, Ahmad S, Muhammad G, Ahmed M, Saif I, Waqar Z, et al. Cultural competency training in dental and medical education: Enhancing communication and patient-centered care: cultural competency in healthcare education. 2024:372-9.
11. Saad SJAoASH, Medical K, College D. Revitalizing Dental Education: Aligning Curriculum with Contemporary Dentistry. 2024.
12. Sethi A, Wajid GJHPEJ. Continuing Professional Development for Doctors in Pakistan is need of the hour. 2020;3(1):7-8.
13. Şahin N, Ural ÇJBME. Exploring dental educational diversity: a cross-national examination of national dental qualification frameworks. 2025;25(1):1014.