



The Educational Gap in Providing Oral Health Care for Individuals with Special Health Care Needs in Iranian Dental Schools

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Citation: Zare Z, Kavosi Z, Iranmanesh F. The educational gap in providing oral health care for individuals with special health care needs in Iranian dental schools. *J Oral Health Oral Epidemiol* 2026;15:2509.1789. doi:10.34172/johoe.2509.1789

Received: September 17, 2025, **Revised:** February 15, 2026, **Accepted:** April 20, 2026 **ePublished:** May 24, 2026

To Editor,

Individuals with special health care needs (SHCNs) are those who, due to physical, developmental, intellectual, sensory, behavioral, cognitive, or emotional conditions, require specialized medical and health interventions. These conditions may be congenital, developmental, or acquired as a result of disease, injury, or environmental factors, and often lead to limitations in daily activities or essential life functions.¹ Despite notable progress in access to oral health services, there remains a significant shortage of providers for individuals with SHCNs.² A key contributing factor is the insufficient preparedness of dental education systems and the absence of structured educational content in this area. Evidence from Iran indicates that dental schools lack formal courses and dedicated clinical training related to SHCNs, thereby exacerbating the gap between education and practice.³ Global findings further confirm that structured curricula in special care dentistry improve students' knowledge and confidence, directly enhancing their readiness to provide care for patients with SHCNs.⁴

The educational gap in dental training has broad and multifaceted implications for the quality of care delivered to individuals with SHCNs.⁵ The absence of specialized instruction limits access to adequately trained dentists and to services adapted to the unique conditions of these patients. As a result, individuals with SHCNs often face fear, anxiety, and even inappropriate experiences during dental visits, which reduce their motivation to seek and continue treatment.³ At the same time, dentists, lacking sufficient specialized training, frequently do not possess the confidence necessary to manage the clinical and

behavioral complexities of these patients. This may lead to reluctance or delays in providing care, compromising oral health and increasing the overall disease burden.⁶ In addition, insufficient skills and limited familiarity heighten the risk of treatment errors and the need for more complex and costly interventions.⁷

From a health system perspective, this educational gap not only increases treatment costs due to a greater need for emergency and complex procedures but also undermines equity in access to oral health services. The lack of targeted educational policies and clearly defined standards in dental training leaves this vulnerable population at continued risk of being deprived of high-quality care.⁸

Several countries have addressed the gap in dental education for individuals with SHCNs by revising university curricula and implementing specialized training programs. These initiatives often involve the development of postgraduate courses and continuing education that integrate theoretical knowledge with practical clinical experience. Such training enhances dentists' knowledge, competence, confidence, and preparedness to provide oral health care tailored to patients with complex medical conditions and disabilities, thereby improving both the quality of care and access for this vulnerable population. Although these curriculum reforms and specialized training programs are currently more prevalent in developed countries, efforts are ongoing to expand these educational advancements in developing and transitional countries to reduce disparities in access to and quality of dental care for individuals with SHCNs.⁹

Considering the pivotal role of dental education in



improving the utilization of oral health services among individuals with SHCNs,¹⁰ it is essential for educational policymakers to implement comprehensive, evidence-based reforms across both theoretical and practical training. These reforms should adopt a forward-looking, equity-oriented approach. Accordingly, it is recommended that dental curricula—at both undergraduate and postgraduate levels—be reviewed and redesigned to integrate special care dentistry, with particular emphasis on the theoretical, ethical, clinical, and psychosocial aspects of caring for individuals with SHCNs.

Furthermore, the development and enhancement of specialized training programs and postgraduate education in special care dentistry for target groups including general dentists, pediatric dental specialists, and academic faculty is essential. Integrating hands-on clinical experiences with patients with SHCNs, through collaborations with rehabilitation centers, teaching hospitals, and specialized clinics, should be considered an integral component of both practical and clinical training. Finally, the establishment of national educational and clinical guidelines and standards for providing dental care to individuals with SHCNs tailored to local contexts—aligned with the national health system and informed by successful international experiences—represents a crucial and recommended step in this field.

Acknowledgments

This letter to the editor has been translated using ChatGPT 4.5 artificial intelligence.

Authors' Contribution

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Competing Interests

There was no conflict of interest.

Data Availability Statement

All data generated or analyzed during this study are included in this

published article.

Ethical Approval

This study received ethical approval from the Ethics Committee of Shiraz University of Medical Sciences (ID: IR.SUMS.NUMIMG.REC.1401.082).

Funding

This study is part of a PhD thesis, which was partly financed by the Research and Technology Deputy affiliated with the Shiraz University of Medical Sciences (SUMS) with grant no 1401.082. The funding bodies were not involved in the study design, study execution, or the writing of this manuscript.

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