

ROLE OF ORAL HEALTH WORKFORCE IN HEALTH CARE VALUE EQUATION

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BACKGROUND

Average population served / government allopathic doctor: **11,082; Recommended – 1: 1000**

Average population served / government dentist: **176,004; Recommended – 1:7500**

Against these numbers of health care personnel in India, a new bridge course was introduced by the government which would enable dentists to practice medicine on completion of the course.

AIM

To determine the current status of the health workforce in India and its influence on the development of a new bridge course for dentists to practice medicine

METHODOLOGY

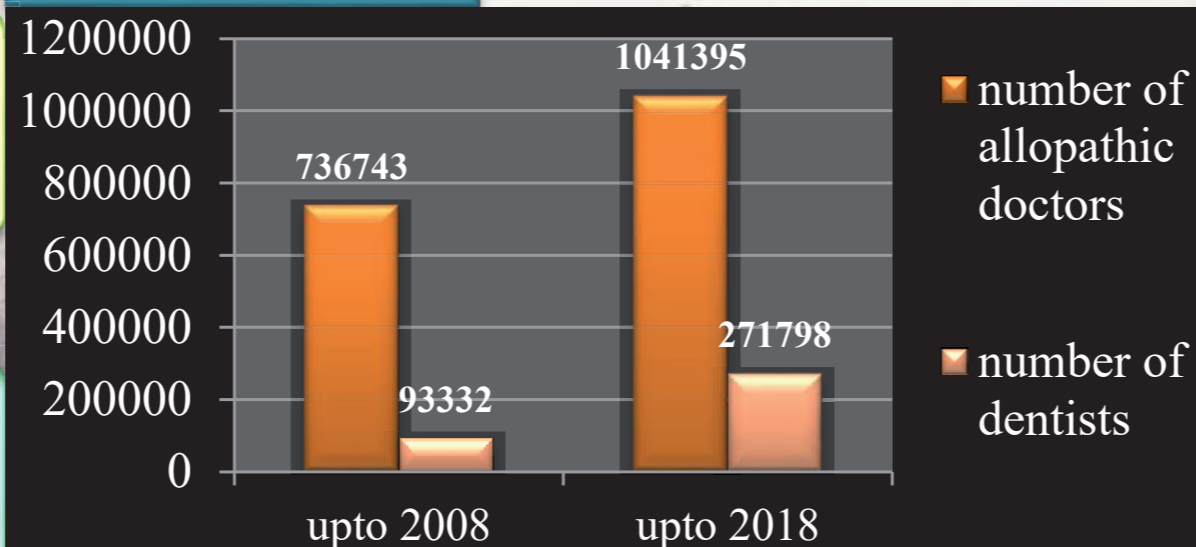
Arksey and O'Malley method of scoping review

Number of allopathic doctors and dental surgeons in India during 1999-2008 and 2009- 2018

Comparison in trends between 2 decades

Possible influence of the new bridge course on allopathic doctors and dentists

RESULTS



PUBLIC HEALTH SIGNIFICANCE

The distribution of the health workforce is pivotal in determining the efficiency of the health sector rather than increasing the number of personnel, the majority of whom may not be in favour of working in the rural areas, which are in turn the most affected and deprived of basic health care facilities.

Doctor population ratio- **1: 2000** in urban areas with rural areas having only **one fourth** of doctors

Dentist population ratio- **1:8000** in urban areas and **1: 50000** in rural areas

Dentists are more concentrated in urban areas than rural in spite of the three fold increase in their number from 2008 to 2018. A change in this trend is essential to reach out to the people in need.

RECOMMENDATIONS:

Number of PHCs as on 31st March 2017:25650
Appointing health care personnel in all the PHCs and ensuring their functioning can help reduce the inequality in availability of services.

CONCLUSION

When there are high unmet needs in dentistry, especially in rural areas, having dentists switch to the medical field through a bridge course may not be any added advantage to the rural population.