

MAN POWER PLANNING AND DISTRIBUTION FOR UNIVERSAL ORAL HEALTH COVERAGE – AN INDIAN PERSPECTIVE

Introduction :

A motivated manpower is the most important thing. "If you can't fly, then run. If you can't run, then walk. If you can't walk, then crawl, but whatever you do you have to keep moving forward."

The different categories of dental health personnel, professional, operating and non operating auxiliary are defined and their roles examined. Manpower remains the central problem in improving oral health. Dental manpower issues in India are discussed in this which consists of both qualitative and quantitative research. The output of qualified dentists has increased sustainability over last decade and at present there are over 117,825 dentists working in India. Although India has a dentist to population ratio of 1:10,27, the newly graduating dentists find it difficult to survive in the private sector. At present less than approximately 5% graduate dentists are working in the government sector. If the present situation continue straight there will be more than one lakh dentists over supply by the year 2020. continuation of the current situation will lead to wastage of highly trained dental manpower and create a threat to the professional integrity of the dentists. This research highlights the fact that there is an urgent need for an organised national human resource planning system to control the supply and demand of dental manpower, to ensure a uniform distribution of manpower and to give future directions to policy makers

To discuss about the manpower and the future role of dentistry in developing countries. The latest information from the WHO Global data bank confirm so that oral disease prevalence figures are deteriorating for most of the developing countries. Although oral diseases are preventable, inadequate application of preventive measures and inappropriate establishment of oral health care delivery systems including the employment of unsuitable oral health personal categories may have led to the ineffective control of these problems. There is now a need to adopt to ensure that manpower resources adequately meet the requirements of the population. An analysis of the extent and severity of oral diseases and the demands of population in these countries reveals that the majority of the services required are fundamentally restorative rehabilitative and preventive. These services could be carried out by various types of dental auxiliaries and non dental personal. This approach compiles with the strategy of the universal 3 level model which will operate by a referral system based on full community involvement at the primary health care level. In this way the ratio of members of the oral health team of population may be calculated on the basis of the most relevant information under the supervision of the oral health unit WHO and the intercountry centre for oral health.

Strategies to improve access to Dental care services:

Understanding the hindrances that people face in accessing health care services, it is essential to find ways to improve the timely access to dental care.

1. Proper referrals from medical professionals:

It is the common instinct of people to neglect dental problems as dental problems are not life threatening. This ignorance towards dental care can, however, be conducted by conducting informative sessions for medical personnel, counseling parents regarding infant's oral health problems.

2. Compulsory Rural posting or Internship so for the dental students:

Compulsory posting of 3 months in rural areas has been a top agenda and this initiative has been backed by ministry of health and family affairs to address the dearth of medical workforce in rural areas.

3. Tele dentistry:

The practice of using video conferencing technologies to diagnose and provide advice about treatment over a distance. This new clinical dimension can be used to increase the rural penetration of oral health care services.

4. Dental Homes:

It is a platform where a patient /doctor relationship is nurtured in a family centered way. It serves as a place for preventive oral health supervision and emergency care and can also serve as a repository for records.

5. Dental Insurance:

It is still in its nascent stage in India would help an individual to go through minimal essential dental treatment should at affordable prices. This benefits would drive people to pay the insurance premiums. The plans usually cover basic dental treatment should for the patients.

6. Barriers in oral health promotion:

Implementation of the National oral Health care program in the pilot phase brought about the perception that most of the time so the policy makers give oral health the last priority.

7. Challenges for the future:

Educating all including those in most deprived areas with "facts of oral health" remained a challenge even today. Production of eligible dental health care planners with necessary training is one of the challenges for expanding oral health care.

8. Need for oral health policy:

For oral health promotion through prevention, considering the fact that oral diseases are almost preventable by simple and cost effective means. To decrease the burden of oral diseases, taboos, myths, or misconceptions need to be eradicated.

Recommendations:

Emphasis on prevention to reduce the quantum of treatment requirements by improving and increasing the public dental health care system which will include health education, counselling, and health promotion. Prevention is always cheaper, less time consuming than treatment, and does not require skilled labour. Increase the employment of dentists in public sector. Increase public awareness by dental health camps and use of mass media. Control the dentists /population ratio by encouraging dentists to establish practice in rural areas.

Conclusion:

The immediate challenge is to address the skewed distribution of dentists between urban and rural areas. Programs should be conducted to enhance oral health literacy and lessen social inequalities. Auxiliary staffs should be appointed in rural areas to provide primary oral care services. The responsibility of oral health care of citizens is to be in the hands of government.

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