

Skill Mix In The Dental Workforce- A Way Forward To Achieve Universal Oral Health Care In India



Oral diseases are a significant health burden in many nations, and they impact people throughout their lives, causing pain, discomfort, disfigurement, and even death. Oral disorders affect about 3.5 billion people globally, according to the Global Burden of Disease Study 2019, with caries of permanent teeth being the most frequent condition. [1] Poor and socially disadvantaged people are disproportionately affected by oral illnesses. The prevalence and severity of oral diseases have a very strong and constant relationship with socioeconomic status (income, occupation, and educational level). This link may be found in populations in high, middle, and low-income countries, and it exists from childhood to old age. [2]

The dental personnel to population ratio in India is low. Dentists are dispersed around the country, with the majority concentrated in rich urban areas. Dentistry is currently challenged with three significant challenges. First, how to tackle the extensively recognized geographic disparity in demand for and supply of dental personnel; second, how to ascertain that the maximum number of people have access to primary dental care; and third, how to achieve both of these goals while staying within the federal and state governments' budget constraints. At the 74th World Health Assembly in 2021, the World Health Assembly also endorsed a Resolution on oral health to shift away from the traditional therapeutic method and toward a preventive approach.[2]

There is a growing recognition that the correct skill mix can help provide these preventative dental care services to the general public while also contributing to the goal of universal oral health coverage. Professionals complementary to dentistry (PCD) have been found to be effective in reducing oral health inequities, improving access, and spreading health promotion messages across the socioeconomic spectrum in numerous studies conducted across the world.

PCDs offer an excellent way to close this gap by meeting basic treatment needs and conducting oral health promotion initiatives in remote locations. PCDs can provide preventive dental services such as "atraumatic restorations," oral hygiene


education, tobacco cessation, and simple clinical operations. In contrast, sophisticated clinical procedures requiring the presence of a dental surgeon can be handled through a referral system. These preventative services would not only lessen the burden of oral disorders but would also relieve pressure on India's dental profession, allowing for more appropriate and cost-effective care for all population subgroups.[3]

- 1) Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019). Seattle: Institute of Health Metrics and Evaluation (IHME); 2020. Available from <http://ghdx.healthdata.org/gbd-results-to>
- 2) Oral health - WHO | World Health Organization. (Accessed on 04th march 2022) Available from <https://www.who.int/news-room/fact-sheets/detail/oral-health>
- 3) Mathur MR, Singh A, Watt R. Addressing inequalities in oral health in India: need for skill mix in the dental workforce. J Family Med Prim Care. 2015 Apr-Jun;4(2):200-2.

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