EDITORIAL

Oral Health Manpower – What are Ghana's requirements?

The number and mix of health personnel required for optimal health care delivery has been a subject of concern to public health planners, training institutions, regulatory bodies, and professional associations. These stakeholders usually have different motivations including the existing and projected burden of disease, the available manpower and their distribution, the demand for services, the availability of resources for training, the need to ensure standards, and the welfare of practitioners.

In considering the numbers and mix of health professionals to be trained the public health planner is concerned with inequities in the provision of health services, and their consequent negative impact on health. Educators must ensure quality training in the face of shortages of both human and material resources. Regulatory bodies have to assure the community of high standards of practice. The professional associations which have the responsibility for promoting the welfare of their members are concerned about "undersupply" and "oversupply" of health professionals.

A study by Addo et al[1] reported in this issue of the journal, observed that major stakeholders in oral health services in Ghana, namely, the Ministry of Health, the University Of Ghana Dental School, the Ghana Dental Association, and the Ghana Medical Association, ***do not agree on the mix and number of oral health personnel to be produced for this country.*** The authors recommend a consensus based on national considerations and the need to improve the current mal-distribution of oral health personnel.

Ghana's 20 million people have only 120 dentists, 70% of whom are based in Accra and Kumasi[1]. In contrast Australia, a developed country with a similar population like Ghana, had 8991 dentists in the year 2000 and it is projected that an additional 1500 dentists would be needed by 2010 to meet the expected increase in demand for services due to an ageing population, changes in oral health and other factors[2]. In Australia the level of dental caries, the commonest oral disease, is low due to national fluoridation programmes. This demand would be for diagnostic, preventive, endodontic and crown and bridge services. The numbers of dental surgeons and hygienists are expected to increase, but numbers of dental therapists and prosthetists would decrease[3]. What is worthy of note is that even in a developed country oral health personnel with different levels of training and skills continue to be produced to meet the country's needs.

How many dentists and other oral health personnel are needed in Ghana to ensure availability of oral health services throughout the country; to tackle the backlog of untreated dental disease; to tackle new and emerging diseases; to provide ongoing care; to deal with a growing and ageing population; to provide preventive and specialist services; and to undertake training and administrative responsibilities? Can any aspect of the dentist's work be assigned to middle grade professionals? If so what type of training is required and what should be the entry qualification for these personnel? How should the careers of such personnel be structured? What level of training would an increasingly sophisticated populace expect their oral health practitioners to have?

The serious shortage of oral health personnel in the country is not in doubt and many Ghanaians continue to rely on the services of self-styled quack practitioners. The oral health of all Ghanaians cannot be guaranteed as long as this situation persists. The major stakeholders need to build consensus and develop a viable manpower policy to train more personnel. The policy must take into consideration current shortages; future projections for population increases as well as changes in population profile; changes in the economic status and expectations of the population; changes in the pattern of oral diseases; and changes in the demand for sophisticated treatments. We cannot continue to base our oral health planning on the assumption that our society will remain perpetually poor and deprived. It has been suggested that the level of awareness of and demand for oral health services is one of the most sensitive indicators of the level of development of any country. As our country progresses economically we must anticipate a growth in the demand for oral health services, provided by highly skilled practitioners.

The public sector currently may not be capable of absorbing all those to be trained, but that should not be the only determinant of the required manpower levels. Training should also cater for the needs of the private sector. In Australia 86% of dentists are in private practice[2]. A paradigm shift towards the training of a new generation of business-oriented and enterprising oral health practitioners who are prepared to venture into private practice is therefore required. This will ease the pressure on government and permit it to tackle the problem of inequitable distribution of personnel by providing attractive incentive packages for those willing to work in remote rural communities.

For Ghana to have an effective oral health policy, manpower planning should be comprehensive and must not be the preserve of any interest group but rather the product of collaboration between all the major stakeholders in the country.

REFERENCES

1. Addo M E, Batchelor P, Sheiham A. Options for types of dental health personnel to train for Ghana

2. Australian Institute of Health and Welfare, Labour Force-dentists, 2000 www.aihw.gov.au/labourforce/dentists.cfm

3. Osborne, B. Dental Crisis looming, Adelaidean, 2004; 2: 1 www.adelaide.edu.au/pr/publications/adelaidean/2004/issue2/page1

Professor Peter Donkor
Editor, Ghana Medical Journal
c/o Department of Surgery, School of Medical Sciences, College of Health Sciences,
Kwame Nkrumah University of Science &Technology, Kumasi