SOCIAL INNOVATIONS Journal
Vol. 26 (2024): The Medical and Allied Health Institutional Journey to Becoming Socially Accountable and Policy Influence on Accreditation Systems

Advocating for the Dental Council of India to Integrate Social Accountability Standards into National Accreditation Standards for Dental Colleges

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Keywords: dentists, Dental Council of India, social accountability standards, colleges, medicine

Abstract

The Dental Council of India recommends a syllabus for dental schools with a specified number of hours for theory and practical /clinical classes. It recommends the number and qualification of faculty requirements of the dental colleges for undergraduate/postgraduate students. It also recommends infrastructure requirements in terms of equipment availability in dental school clinics, classroom requirements, etc. It also recommends the minimum number of patient inflow in colleges required to run an undergraduate/postgraduate program successfully. The accreditation standards set by the Dental Council of India broadly look at education processes, faculty strength, infrastructure, and resources in terms of patient numbers available at Indian dental colleges.

However, the evidence required for these processes does not look into the *quality* of those activities. It currently has no provision to measure the impact of these processes on key stakeholders (i.e., the students and community). This need to focus on the impact that dental schools have on their key stakeholders stems from the rising dental healthcare needs of the country.

There is a lack of equitable distribution of the health professional workforce in the country, with ever-increasing demands on the healthcare system. The complexity of healthcare delivery increases as we look to integrate all healthcare services and move away from its currently siloed nature. A part of the endeavor to ensure the availability of quality healthcare is to benchmark our education system and focus on developing competent health professionals who contribute to alleviating societal healthcare problems. In addition, the contribution of dental colleges in providing quality healthcare to society cannot be overlooked. With over 329 dental colleges in India, the potential of healthcare services provided by these institutions can significantly contribute to community healthcare needs.

The World Health Organization defined Social Accountability in medical schools as “the obligation to direct their education, research, and service activities towards addressing the

priority health concerns of the community, region, and/or nation they have the mandate to serve." The Dental Council of India has the responsibility and opportunity to ensure the alignment of the dental educational processes and dental college initiatives with societal healthcare needs and must include the concept of social accountability.

Problem Statement

India has a huge disparity in equitable distribution of healthcare services. The issues are complex in nature and require establishing ecosystems that serve the community's health needs in an accountable manner.[i] Social accountability is a concept that addresses these issues. The WHO has defined social accountability for medical schools as "the obligation to direct their education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve." The concept of social accountability is applicable to all levels of the healthcare ecosystem, including health professions education.[ii] The quality of health professions education is reflected by the competence of graduating health professionals. The ability of health professionals to provide good healthcare services influences the health of the community they serve. Thus, health professions education is one of the crucial aspects that help address community healthcare needs.[iii]

In the past, the dental healthcare needs of the Indian population were not a prominent focus, with the launch of the national oral health program in 2014-2015.[iv] There is a significant unaddressed burden of oral disease in India. The recently published Global Oral Health Status Report (GOHSR) has provided, for the first time, country-specific data related to the healthcare needs of the population. According to this report, India has one of the highest prevalences of oral diseases, with a caseload of 632 million. It ranks the highest in lip and oral cancer, dental caries, gingivitis, and edentulism.[v, vi] Additionally, there is a vast difference in oral health status between urban and rural populations, with enormous and widening disparities in access to quality care, predominantly in rural areas.[vii] There are over 329 dental colleges in India, with approximately 30,000 graduating dentists annually.[viii] However, there is a concentration of only 10% of dentists, where approximately 65.7% of the Indian population resides (rural areas).[vii] Considering the above factors, dental colleges have the opportunity and the responsibility to reduce the oral disease burden of society by providing quality education and quality health services that align with the principles of social accountability. Dental colleges in India are governed by the Dental Council of India (Soon to be transitioned to the National Dental Commission (NDC) in September 2024).[ix]

Currently, the Indian dental curriculum focuses on traditional lecture-based teaching and specific procedural skills with minimal assessment of critical soft skills. Additionally, programmatic evaluation is seldom conducted in the context of Indian dental education. Thus, the need for curriculum reforms is widely recognized in the education system. The NDC is at the cusp of reforms. The planned reforms by the NDC are aligned with the National Education Policy (2020)[x] with the introduction of choice-based education as well as competency-based education. Thus, as the Indian dental education system is at the cusp of reforms, there is an opportunity to integrate the principles of social accountability.

Current Policy

Accreditation standards largely influence the activities of the dental college and decide the admission process, curriculum, and delivery and assessment standards. Thus, it is pertinent to incorporate the desired outcomes related to social accountability for dental colleges into the national accreditation process.[xi]

The current DCI recommendation for undergraduates' dental education divides the syllabus into four years, with one year of internship. The first two years focus on basic science subjects, with the clinical subjects assessed in the following two years. The topics required to be covered in each subject are listed, and the number of hours that the student must be engaged in is also fixed. Additionally, students have a mandatory number of hours to provide treatment in primary care or community settings. Assessment for each subject includes three sessional exams and one university exam to be conducted in one academic year. The DCI recommends a minimum of 75% attendance for students to be eligible to appear for the examination for a subject. Accreditation requirements include documentation for the number of classes and hours spent on one topic. The current syllabus and guidelines do not emphasize the importance of topics based on the healthcare needs of the community.

Currently, there is no uniformity in the definition of graduate outcomes at a national level that describes the tasks and behaviors expected. The current system does not emphasize programmatic assessment. These factors hinder uniformity in the quality of the graduates at a national level. Presently, there are no mechanisms in place to align dental education to the population's needs and monitor the academic experience of the graduates to ensure the attainment of the required competence.

Faculty requirements for accreditation include a total number of faculty, with designation and number of experience for a given number of student intake. These recommendations are included for each specialty, for e.g., for the subject of Oral Pathology and Microbiology, for a total intake of 100 students: faculty number and academic cadre include one reader and two Senior Lecturers. However, the criteria are different if postgraduate education is available in that particular subject. Presently, there are no provisions to monitor continuous faculty development programs in accreditation.

Infrastructure and Resources: The DCI has given guidelines for specific infrastructure, for e.g., the number of chairs required, types and number of instruments and equipment, etc.

Impact on patient/community: It also has a requisite number of patients in the OPD for college accreditation, (which is around 100 per day). The present process does not look at the quality of service provided by the institutions, which is one of the core responsibilities of a healthcare institution.

Research: The present accreditation system does not have a provision to evaluate the type of research undertaken by the institutions in terms of social accountability.[viii]

Policy Solution

Educational requirement for accreditation: The syllabus and curricular recommendations need to be aligned to the present health needs of the population. For example, more weight

can be given to oral diseases that are prevalent in the community. The educational process needs to be reformed with clearly defined educational objectives that inform the adopted teaching learning and assessment method, which would be incorporated with the introduction of competency-based dental education as currently being considered.[xii] Additional topics like health economics, interprofessional education,[xiii] etc. need to be included in the curriculum. The inclusion of community-based education (e.g., family adoption) and understanding of the social determinants of health have to be incorporated into the curriculum.[xiv] Ensuring engagement of students in research projects that help anticipate community health needs and the impact of interventions can contribute to the development of competencies in social accountability. It is also important to incorporate requirements of programmatic assessments with annual academic audits in the accreditation process.

Faculty requirements: Changes in curriculum need to be supported by faculty development. It is important that dental schools conduct programs that help faculty build capacity. Increasing awareness of the concept of social accountability among the faculty is crucial to the implementation of reforms towards social accountability.[xv]

Infrastructure and Resources: Updating infrastructure facilities to facilitate newer modalities of education, for example, simulation labs, would be apt. This may vary from place to place, yet the facilities should have the option to help the learning of the students and empower them to reach expected results.

Impact on patient and community: Apart from documenting the number of patients attending the dental college OPD, it is important to ensure mechanisms to promote monitoring of the quality of care for the patients. This would benefit the students by teaching them about patient management and ensuring the quality of care that is delivered by dental colleges. Risk mitigation, quality control, and management of complications are crucial aspects of learning for a student.[xvi]

In a culturally diverse country like India, healthcare providers encounter patients with unique linguistic, cultural, and religious backgrounds. To ensure respectful and effective patient care, faculty members must be aware of these differences and receive training in culturally competent practices. Furthermore, establishing a committee that actively interacts with the community during board of studies and ethics meetings provides an avenue for gathering feedback and enhancing patient experiences.[xvii]

Research requirement: Inclusion of parameters of socially accountable research in the accreditation process should be included. Dental education should be research-based and should actively engage in research to assess their teaching and assessment methods. This will refine the curriculum to be transparent and accountable. It is also important for students to engage in research-based activities to build their skills for future practice.

Action Steps

Recommended action steps to incorporate social accountability in dental college accreditation:

- The first step would be to create awareness about the concepts of social accountability at a national level. This can be done through webinars and courses and mandatory

faculty development programs with a long-term goal of adopting social accountability values. It is important to recognize the infrastructure changes, processes and partnerships, and effective community engagement strategies that are needed to adopt social accountability principles.

- Engagement in educational research is the key driver that informs curriculum and its impact on all stakeholders, including the community. A systematic, evidence-based approach to evaluate the current curriculum and then identify areas of reformation for alignment of the curriculum to community oral health needs is essential. This would require engagement with various stakeholders that include the National Dental Commission, dental educationists, the Indian Dental Association, dental practitioners, Administrators, Faculty, Alumni networks of government and private dental colleges, Government agencies (Ministry of Human Resource Development, Indian Council of Medical Research), other health professional associations and community representation. Developing a phase-wise strategy to obtain relevant input from various stakeholders is essential.

- Ensuring a plan to incorporate programmatic assessment at the beginning of implementing change will help to understand the impact of the proposed reforms, thus ensuring accountability and efficiency. This would require us to draw on the principles of theory of change to ensure all outcomes are measured. Establishing active stakeholder networks with continuous feedback mechanism can help sustain the change.

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