



BRIDGE COURSE BETWEEN BDS AND MBBS OR BRIDGE COURSE BETWEEN AYUSH AND MBBS

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ABSTRACT

Background- To assess the effectiveness of bridge course, preference of bridge course between BDS-MBBS and bridge course between AYUSH-MBBS and its possible outcome on the health care system.

Materials and Methods- This was a questionnaire-based study conducted among dental, medical and Ayush students, including interns, residents, general practitioners, and postgraduates from different parts of India, mainly from West Bengal and Tamil Nadu states. Data were collected from a total of 192 participants, which are subdivided into three groups. Group a includes MBBS students, interns, general practitioners, residents, and postgraduates. Group b includes BDS students, interns, general practitioners, residents, and postgraduates. Group c includes AYUSH students, interns, general practitioners, residents, and postgraduates.

Results Of 192 participants, overall, 37% of the participants were in favour of the BDS-MBBS bridge course, 28% the participants were in favour of the AYUSH-MBBS bridge course, and 35% of the participants were against any of them, whereas 74% of the participants were with the opinion that bridge courses c decrease the scarcity of doctors in rural India.

Conclusion- These results suggest that bridge course implementation can be helpful in the primary health care system. Where BDS doctors can detect both oral and general health problems, and AYUSH doctors can practice modern medicine. Both positive and negative feedback on BDS-MBBS, AYUSH-MBBS bridge courses should be taken into consideration before any proceeding.

Keywords: BDS, AYUSH, MBBS, Bridge course, Health care.

1. INTRODUCTION

Bridge course is a distinctive approach that allows the graduates of dental and AYUSH science to practice and work as general physicians in the health sector, such as clinics & hospitals all over India. According to an economic survey 19-20, MBBS doctor-population ratio in India is 1:1000 were urban to the rural doctor being 3.8:1. According to WHO 2016 report states that 57.3% of those practising allopathic medicine did not have any medical qualification.

In 2016 Dental Council of India (DCI) gave an idea to establish a BDS bridge course running for three years [1]. The Dental Council of India proposed a centre to introduce a three-year MBBS-BDS bridge course so that Dentists could work as full-time general physicians, waiting for clearance from the Medical Council of India (MCI) [2]. In 2019, the idea of the bridge course was being examined by the Union health ministry to review the curriculum and feasibility of the proposal. An attempt to provide more mid-level medical practitioners in the country and help the acute shortage of doctors in rural areas [3]. The Ministry of Human Resource Development constituted a committee under the chairmanship of Dr K. Kasturirangan to draft a NEP. The committee submitted their draft report, which states that the first year or two of the MBBS course will be designed as a common period for all science graduates, after which they can take up MBBS, BDS or other specializations. Common foundational courses based on medical pluralism will be followed by core courses focused on specific systems and electives that encourage bridging across systems [4]. Later in 2019, the new NMC bill stated that under section 32, licencing of 3.5 lakh 'non-medical persons or community health providers' to prescribe modern medicine [5]. According to the bill, the commission may grant a limited license to practise medicine at mid-level as a Community Health provider to such a person connected with the modern scientific medical profession who qualifies for such criteria. In 2020 Centre's proposal to allow AYUSH doctors to perform surgeries. India's regulatory body for Ayurveda education has listed 39 general surgery procedures involving eye, ear, nose, tooth & throat by amending the Indian

Medicine Central Council (Post Graduate Ayurveda Education Regulation,2016) [6]. A study for efficacy of bridge course between MBBS BDS was done [7]. The Bridge course idea is based on an argument that Ayush and dental courses in-country follow the same training and curriculum as MBBS courses for the first two-three years. In this research, we aimed for the efficacy of bridge course, preference of bridge course between BDS and MBBS and bridge course between AYUSH and MBBS, scrutinizing the perception of educational standards rudimentary for a general physician.

2. MATERIALS AND METHODS

The study was conducted among MBBS, BDS, AYUSH students, interns, residents, general practitioners, and postgraduates from all over India, mainly from West Bengal and Tamil Nadu states. Ethical clearance was obtained from the Department of Public Health Dentistry, SRM Dental College, Ramapuram. The head of the institution and other faculty members were informed about the purpose of the study & their permission was obtained. The study was conducted among 192 samples by convenience sampling technique using a structured electronic questionnaire.

The Study tool is a prevalidated questionnaire containing 22 questions to evaluate the need for a bridge course. The questionnaire was investigator approved, self-administered and closed-ended. The study participants were supplied with instructions and given the questionnaire in Google form. The questionnaire consisted of 22 questions, among four aimed at practice background, opinion and preference over bridge course between BDS-MBBS and AYUSH-MBBS. Two questions were aimed at BDS course and AYUSH course resemblance with MBBS course. Three questions were aimed at placement for AYUSH, BDS students and possible unemployment among MBBS graduates. Three questions to assess bridge course duration, criteria and requirement. Two questions were aimed at the future preference of doing bridge courses over post-graduation. Four questions to assess the efficacy of bridge course in the improvement of community health, especially in rural India and implementation of mid-level practitioners in a private hospital. Two questions based on doctor population ratio in AYUSH and BDS and ideal doctor population ratio as per WHO.

After receiving responses, an evaluation of the knowledge and awareness was done. These were statistically analyzed results. Statistical analysis was carried out using SPSS software version 26.0 with a P-value level set at <0.05.

3. RESULTS

The questionnaire was completed by a total of 192 participants. Participants were divided into six groups. Six groups are as follows: Group A: MBBS students, including interns, Residents, General Practitioners, Post Graduates with a sample size of 64. Group B: BDS students, including interns, General Practitioners, Residents, Post Graduates with a sample size of 72. Group C: Ayush students, including interns, General Practitioners, Residents, Post Graduates with a sample size of 56.

Table 1: Participants opinions about Bridge Course

Group	Participants in favour of BDS-MBBS bridge course	Participants in favour of the AYUSH-MBBS bridge course	Not any of them	P value
Group A: MBBS students, including interns, General Practitioners, Residents, Post Graduates.	10	7	47	P<0.01
Group B: BDS students, including interns, General Practitioners, Residents, Post Graduates.	42	16	14	
Group C: Ayush students, including interns, General Practitioners, Residents, Post Graduates.	20	30	6	

Table 1 depicts that the majority of the participants in all groups know about Bridge Course through the internet and newspaper. Group A are not in favour of the Bridge Course. Whereas Group B are in favour of the BDS-MBBS bridge course, Group C are in favour of the Ayush-MBBS bridge course.

Table 2: Curriculum similarity with MBBS.

Group	Do you think the Dental courses in the country follow the same training and curriculum as MBBS Courses for the first three years? (Yes/Percentage)	Do you think the Ayush courses in the country follow the same training and curriculum as MBBS Courses for the first two years? (Yes/Percentage)
Group A	17/27%	14/22%
Group B	55/76%	19/26%
Group C	32/57%	49/87%

Table 2 depicts that Group A, B, the majority of participants are of the opinion that AYUSH courses do not follow the same training and curriculum. In contrast, Group B majority of participants think that dental courses follow the same training and curriculum. In comparison, Group C think that dental and AYUSH course follow the same training and curriculum.

Table 3: Distribution of employment status

Questionnaire	Yes	No
How many Group A Participants think that bridge will increase the unemployment rate in MBBS?	35(55%)	29(45%)
Preference of joining in Bridge Course in Group B participants after completing BDS.	20(28%)	52(72%)
Preference of joining in Bridge Course in Group C participants.	35(62%)	21(38%)

In Table 3, the majority of Group A (**55%**) participants are of the opinion that the bridge course will increase the unemployment rate among MBBS, majority of Group B (**72%**) are not preferring to join in bridge course after completing BDS, majority of Group C (**62%**) participants prefer to join bridge course.

Table 4: Implementation and effect of Bridge Course in rural India

Questionnaire	Yes	No
Participants think that bridge courses will decrease the scarcity of doctors in rural India.	142(74%)	50(26%)
Mid-level medicine practitioners should be allowed in a private hospital.	125(65%)	67(35%)
Community health in rural India will be compromised if mid-level medicine practitioners are allowed.	105(55%)	87(45%)
Bridge course will reduce quackery & malpractice in the medical field, especially in rural India.	140(73%)	52(27%)

Table 4 depicts that the majority of participants (**74%**) are of the opinion that bridge courses can decrease the scarcity of doctors in rural India. Participants also think that mid-level medicine practitioners should be allowed in a private hospital (**65%**), and bridge courses can reduce quackery and malpractice in the medical field, especially in rural India (**73%**). Whereas contrarily, major participants' point of view (**55%**) is that community health in rural India will be compromised if mid-level medicine practitioners are allowed.

Table 5: Criteria and feasibility of Bridge course

Questionnaire	Yes	No
Do you think that there should be an Entrance Exam before entering the bridge course?	157(82%)	35(18%)
Do we have enough infrastructure and clinical materials (patients) to provide the bridge course?	128(67%)	64(33%)

Participants from all groups are with the idea that there should be an entrance exam before entering the bridge course (**82%**) and also think that we have enough clinical materials (patients) to provide a bridge course (**67%**).

4. DISCUSSION

In this study, a total of 192 responses were received, and a complete set of responses for 22 questions was registered by 192 participants. BDS, MBBS students were the highest participants, followed by Ayush students.

The overall majority of participants think that the BDS curriculum is similar to the MBBS course for the first three years, whereas the majority of participants do not think that the AYUSH curriculum is similar to MBBS. The majority of participants from the group think that there will be an increase in the unemployment rate among MBBS. Participants from group b are given preference of joining in postgraduates over bridge courses. The majority of participants gave preference to the bridge course over other career options. The doctor-population ratio in India is 1:1456 against the WHO recommendation of 1:1000^[8]. The total population of India is 1.40 billion, with a population growth rate of 0.97%. 68.84% of India lives in rural areas, and 31.16% of India lives in urban areas. In a Government hospital, a doctor has to deal with around 200 to 500 patients with OPD in one single day due to the lack of doctors in our country. This makes it more difficult to doctor in diagnosing and treating patients, and many patients are left untreated and undiagnosed. Presently, health services are mainly concentrated in major towns and cities, and the worst hit is the needy and vulnerable groups of the population in rural areas and urban slums, which is termed 'social injustice'^[9]. By introducing a bridge course, the centre of gravity of the primary health care system can be shifted from cities to rural areas and can bring health services to as near the people's homes as possible.

In 1998, according to a study done by the Association of Medical Consultants (AMC), there were about 1.5 million quacks against 0.6 million registered allopathic practitioners in the country. In the country with 2.7 lakh registered Dentists^[10], the proposal of the BDS-MBBS bridge course will empower the dentists to cater to the 'primary health care, and this will give multiple job roles. With 7.7 lakh registered AYUSH doctors^[11], AYUSH-MBBS bridge courses can help with better employment opportunities and clinical exposure even though there is criticism against the idea of bridge

courses medical fraternity^[12]. In a previous study, a high percentage of participants thought that the BDS MBBS bridge course could give more qualified quacks^[7]. In this survey, a high percentage of participants think that community health can be compromised if mid-level medicine practitioners are allowed. Also vast disapproval against the CCIM decision of allowing Ayurveda practitioners to perform surgery^[13].

Though there is no framed curriculum, the bridge course should be according to the exam and syllabus pattern of MBBS. The efficiency of the bridge course depends on infrastructure and clinical materials (patients) provided by Institutions offering the course^[14]. Though this bridge course would help in attaining the ideal doctor population ratio, it can lead to malpractices in the medical field. Preventing measures like taking action against adulterations and providing health education can improve the overall health of society.

5. CONCLUSION

The proposal of the BDS-MBBS bridge course or AYUSH-MBBS bridge course, which aims at allowing BDS doctors and Ayush doctors to practice family medicine, has received both positive and negative feedback. Nevertheless, the initiative of the bridge course is bound to enhance a variety of aspects of the entire healthcare sector.

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