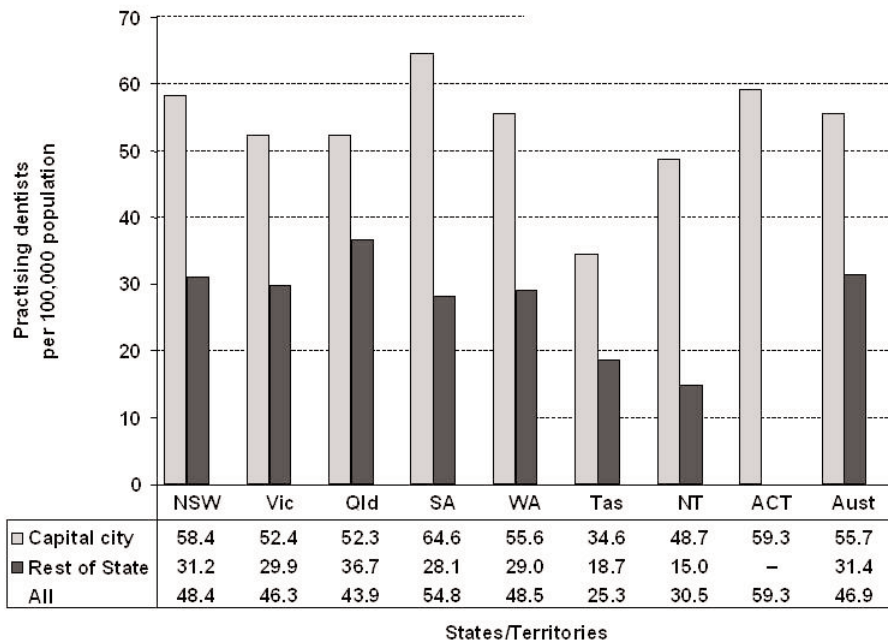




RECRUITMENT OF OVERSEAS DENTISTS - A SOLUTION OR “QUICK FIX”?

Does Australia have adequate dentists to enable effective dental care to the community? With the recent publicity regarding the adequacy of delivery of dental care to Australians, it is worth analysing the situation. The following table makes it clear that whatever the answer, there is an inequitable distribution of dentists in this country.

Practising dentists per 100,000 population by region, 2000¹



In most of the major cities of Australia there is an adequate number of dentists to provide proper dental care for the vast majority of the members of the community. The situation is different when the delivery of dental care in rural and remote areas of the country and in the public dental system is analysed. While improvements in oral health are evident in some areas, Australian adults still languish among countries with the worst levels of tooth loss. In these areas, demand for services grossly outweighs the ability for supply. The result is that many members of the community are languishing in considerable pain on waiting lists of up to five years. Table 2 overleaf demonstrates some of the problems faced and identifies the economic circumstances of those through the community.

These pressures have now resulted in some State and Territory governments recruiting overseas trained dentists (OTDs) to address these shortages.

Are there dentists overseas available for recruitment to Australia?

There is a worldwide shortage of dentists. There are many dentists from other parts of the world willing to migrate to Australia to work. The migration of trained dentists from poor countries to more affluent ones like Australia is common and has been taking place for many years.

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Sadly, the effect of such migration is detrimental to the country from where the professional migrated from. These poorer countries themselves often have a greater crisis within their own countries in respect of dental care delivery than we do here. **There is a moral dilemma to be faced.** Do we recruit to address our own needs or should we ensure that before we recruit we are satisfied that dental delivery in the country from where the dentist is recruited is adequately catered for? Before the trend escalates further, it is felt that there must first be an analysis undertaken as to the effectiveness of this process both on the communities from where the dentist is recruited and on Australia.

Table 2. Distribution of social impacts among adults because of problems with their teeth, mouth or dentures by household income, Australia 2002 Impacts²

Household Income	Painful aching	Avoided foods	Uncomfortable to eat	Self-conscious to eat	Irritable	Pronunciation
< \$12,000	39.0	39.7	46.8	30.8	13.0	16.7
\$12–20,000	34.2	42.9	44.2	31.1	15.8	13.4
\$20–30,000	28.8	30.5	31.6	22.0	11.9	4.2
\$30–40,000	24.8	31.0	34.1	25.8	13.2	7.8
\$40–50,000	30.3	30.3	35.3	25.7	13.1	3.9
\$50–60,000	20.5	17.9	23.2	22.3	7.1	4.5
\$60–70,000	19.4	26.9	30.1	27.0	6.4	9.7
\$70–80,000	20.5	19.5	27.7	14.5	6.0	1.2
\$80,000 +	19.2	14.9	21.2	9.2	1.6	3.9
All	25.5	26.6	31.2	23.9	9.0	6.6

Who is currently being recruited to address the shortage?

There is already in place through the Australian Dental Council (ADC) appropriate avenues for OTDs to obtain the capacity to practise in Australia. These avenues are in place to ensure maintenance of adequate standards in the practice of dentistry in Australia.

What some states are doing is lowering these requirements to achieve a “quick fix” solution to a long-term problem. The ADA wishes to register its opposition to any long-term systematic recruitment of OTDs for the following reasons:

- ADC requirements should not be lowered, even in a crisis. They have been carefully set and put in place to ensure proper delivery of dental care. This standard must be maintained. The retention of State-introduced OTDs (even with restricted practice rights) may cause the delivery of a lower standard of care and skill. The ADA does not believe that the provision of sub-standard dentistry can be permitted. **Poor dentistry for the disadvantaged must not be permitted.**
- Whilst the recruitment of these OTDs by States usually carries with it the granting of only limited practising rights on the part of the OTD, the ADA is concerned that after a period of time, it will become difficult for the State to oppose an OTD seeking to have any restriction to practise removed. Having been allowed to practise in a rural and remote area or in the public sector, it would be difficult to later oppose that OTD from seeking an unrestricted ability to practise. If the restriction were lifted in this process, **what will have been created is a class of dentist that has not met the ADC criteria** and may not be capable of the requisite degree of care and skill required of dentists within the rest of the country.
- The ADA believes that the recruitment of OTDs can be **morally inappropriate** if not undertaken with due regard to the needs of the country from which the OTD came.
- In relation to the recruitment of any OTD, the Australian Dental Council examination process must be complied with so as to **ensure recruitment of suitably trained dental practitioners only.**
- There is a solution and it is the **provision of increased dental student places within the Australian Universities.**

As a developed nation we should be training the optimal number of dentists to service the future needs of our population. Requisite funding from the Federal Government to allow dental schools to provide infrastructure to train undergraduates and initiatives to motivate and retain academics within the schools to teach is of paramount importance.

¹ Source: AIHW DSRU: Teusner & Spencer 2003.

² Source: *Social Impacts, Risks and Costs Survey 2002*
National Dental Telephone Interview Survey 2002
(Carter and Stewart, 2003).