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Overseas aid

A great deal has been written and spoken recently about the recruitment of dentists from outside the UK to come and work here. Tempers have been frayed, politicians wrong footed, patients bemused and journalists delighted. So what's going on?

Certainly much administration needs to be put in place to allow such cross-border exchange to take place. The question of competency is no small matter either. In this regard the GDC had very presciently (as it turns out) put in place some years ago the rubric for the International Qualifying Examination (IQE). This superseded the previous arrangements which included GDC visitations to certain dental schools abroad and the consequent recognition of their graduates, mainly from Commonwealth countries and predominantly from Australia, New Zealand and South Africa. The IQE, whilst unquestionably a necessity for the Council to uphold its duty in protecting patients, and while doubtlessly conducted in as efficient a way as possible, throws up all sorts of hardships, apparent injustices and anomalies as witnessed in the letters pages of this and other dental publications.

Then there are the moral arguments about removing skilled people from their indigenous territories thereby depriving their own populations of health care and treatment. The government is careful to point out that it has agreements with those countries in which it is recruiting, which thereby nullify any charges of a moral nature. What exactly are those agreements? Is it not the case that the dentists coming to work here must, by and large, be economic migrants? If not, why is the Department of Health not 'recruiting' in the USA or Japan for example?

Many politicians and other observers have stressed that this is a 'temporary' solution. That as soon as the newly enlisted dental students from the expanded dental school intakes of this year onwards become qualified (from 2010 forwards presumably) the problem will recede and all the overseas dentists can then...can then what? Can then go back home thank them very much? Can stay working only in the

NHS (whatever that will mean by 2010 plus), can do a little bit of private work if they fancy it and there's enough to go round?

And what of the bright young things of year 2010 plus? Emerging from dental school with a pocket full of student debt, will they be looking to salve the country's conscience by plunging into NHS contracts? Or will that be unnecessary as we will still have a stream of overseas candidates queuing up to come in?

It seems to me that we are overlooking one crucial factor. The problem is not a shortage of dentists. It is a shortage of dentists who are prepared to offer their services under NHS contract. Overseas dentists are not being recruited to work in private practice they are specifically being enticed here to work within the NHS.

Not that this is by any means a unique situation. There is probably no country, society or community in the world which has not, at some time or another, sought to import labour from outside its own boundaries to do the jobs that its own citizens do not want to. This situation is no different in that respect. Where, arguably, it does differ is in that involves professional people to whom, in due course, we should owe more than a salary cheque and an attempt at a golden goodbye to see them on their way.

Now, it may be that from April 2006, the 'new arrangement' under the NHS will indeed make this a temporary solution. It may be that the nature of the deal, financially and organisationally will lure back practitioners in their droves. It may be, only time will tell. There are no easy answers to these questions but there are two questions that we could ask, which I believe would help us begin to find a way through the maze - what are the real reasons behind the current recruitment of dentists from overseas and how much value are we to place on them now and in the future?

Stephen Hancocks OBE, Editor-in-Chief
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