

No exams for more examinations

By Sharif Islam, a dentist in London, UK

Every time I visit the home country of my parents I am met at the airport by an escort and simply walked through passport control without ever removing a document from my pocket. No one is even troubled to read the funny comments I wrote about goats on my landing card before they tear it up and throw it in the trash. A young child, barely aged into double figures, carries my suitcase, which I am certain weighs more than he does, atop his tiny head all the way through the heaving masses to my awaiting car.

It seems like the government has something similar in mind for foreign dentists in their latest strategy to plug the apparent gaps in NHS provision.

The idea that the entry requirements for foreign trained dentists should be made more lenient, or abolished altogether, does seem antithetical to the ethical standards to which we are so acutely held. The vast majority of foreign trained dentists have their ambitions to work here thwarted by a fairly rigorous selection process and series of exams. Not just a form of protection tariff to safeguard the interests of domestic dentists, it is actually reassuring to both the profession and public to know that whoever is allowed to practise dentistry on our shores meets a suitably high standard.

Regional variations aside, there is not a shortage of dentists. There is simply a shortage of dentists willing to work for the NHS. And understandably so. The cost of providing even a bare minimum dental service often far outweighs the remuneration offered by the state, thereby limiting options for both practitioners and patients. But instead of taking the logical steps to address these deficiencies the government, as usual, wants to plug the holes in the dam with some twigs and moss. The assumption that foreign-trained dentists would want to work for a chronically deficient NHS any more than indigenous dentists could be considered desperate and naïve if it wasn't simply a carefully timed gimmick.

Dentists from some parts of the globe may still find the paltry compensation offered by the state for its dental service far more attractive than what they can procure at home. But if they are not soon jolted into reality by the costs of property, staff, materials and exorbitant taxes, they will inevitably find the limits of the NHS system to be a stifling tourniquet on their working life. And eventually we will have an abundance of dentists, vetted or otherwise, who will want to work here but not for the NHS, and its provision will be no more available than it is today.

'But let's not kid ourselves. The reams of copy and vials of digital ink that have been spent commentating on this will not have impacted government policy in any meaningful way.'

There should be no suggestion that foreign-trained dentists are of an inherently lower standard than those trained domestically. Nearly a third of all registrants in the UK were trained overseas. Indeed, I have been lucky enough to see dental practitioners work in many different countries and they share in common their drive for excellence in their craft. If anything, their enthusiasm and dedication to perfection and detail would set a valuable example to many practitioners here at home.

But that is exactly why qualifying to work in the UK should be so difficult. The exams foreign dentists have to take should stringently test their knowledge and ethics, demanding from them the highest possible standards of each. We would not expect any different were any of us to choose to practise in another country. Scrapping those exams may potentially allow a glut of poorly vetted practitioners to exploit and undercut an unsuspecting marketplace desperate for dental treatment. And it is conceivable that the workload of the both

GDC and more qualified practitioners will increase to deal with the consequences. More dentists, more problems, and less NHS provision. Surely, we have enough challenges to deal with on the island already without importing more from overseas?

But let's not kid ourselves. The reams of copy and vials of digital ink that have been spent commentating on this will not have impacted government policy in any meaningful way. Dentists will continue to suffer the slings and arrows of public wrath while naively yearning for realistic

funding from a system that will pick its battles strategically and in the political interests of the party writing the cheques. With the continued exodus of practitioners from the NHS the allocated £3 billion for it should theoretically go further amongst the fewer remaining, or at least enable other facilities to be funded. But, alas, no such expedience.

As we get closer to an election, the political chicanery will undoubtedly continue to propose more hare-brained sticking plaster solutions, rather than having the moral courage to admit the system is broken and should either be scrapped entirely or restored in a lasting way. And thereafter the established complacency and indifference will surely return to offer the usual lip-service while doing little to ease the plight of patients with an unaffordable toothache or of the dentists trying to treat them.

But hey, at least you may have a few more imported practitioners with whom you can share your frustrations and get to sign your petitions... ■