INTERNATIONAL RECRUITMENT OF DENTISTS: A PROFESSIONAL DILEMMA

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The migration of Dental Professionals from Developing Countries to Developed Countries is continuing for almost a century. The recruitment of such professionals by the organizations and institutions in Develop Countries has been reported to be largely fair in the past. However, during the last two decades the professionals are facing financial or work related discrimination in the host countries. At the same time, due to migration the donor countries are facing dearth of trained manpower affecting public health management in general. It is high time to have transparency and cooperation between the Governments of source and recipient countries for sharing the manpower based on international code. The article highlights some issues and proposed solutions in this direction.

Flow of skilled professionals like Dentists, Doctors, Engineers and Scientists from developing countries to the more developed countries has been continuing since years. The qualified human capital moves largely from less developed nations to more developed and affluent nations for better prospects in terms of earning and recognition of service which otherwise could have contributed to the development of these nations. There is a need to evaluate the cause of this drain of skilled resources from developing nations but keeping in mind that it has definitely helped in globalization of health care and medical education.

The Global Trends

Those developed nations that are in need of skilled manpower advertise the job opportunities in less developed economies, thus they are able to lure the professionals with better economical and professional working environment. The reason why the professionals seek greener pastures elsewhere is that the home country is incapable of providing sufficient wages; employment, optimum working conditions etc. Scenario in developing nations is bleak in terms of demand versus supply ratio of dental facilities, a major contributing factor being the gap between rural and urban population. It is important to know the factors responsible for deterioration of health care in developing nations i.e bad manpower planning, lack of proper policies and political will to improve health care and poor economies. The prevailing conditions of poverty and poor living conditions aggravate the oral diseases for which there is paucity of dental health care workers especially in rural areas where most of the population is concentrated. But a major setback in achieving a certain health care standard is drain of skilled manpower from developing nations to the developed nations which is growing steadily at a massive and a large scale.

Overview India

Specifically to understand the dismal state of affairs in developing countries with particular reference to India, there is a need to understand the reasons for migration.? Some relevant facts and figures are: India has got astonishing 1090.26 Million people with about 1.58%. of population Growth rate. Urban population comprises 22% of total while rural areas inhabit about 78% of the people. There has been significant population growth since 1990, from 850 million to 1,090 million in 2007. About three-fourths of all dentists are clustered in the urban India and only one-fourth in rural areas. There is a wide

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difference in Dentist Population ratio in Urban and rural areas (Urban 1: 8.000, Rural 1: 1, 30,000). Since emergence of private dental colleges in India, in 1990s, the numbers of dentists graduating have increased many fold. There are about 267 dental schools with 17,500 students admitting each year. Government hospitals treat very small percentage (approx. 5%) of the population, majority being treated in private clinics. The post graduation seats are quite limited and only 5-6% of the dentists can undergo Post graduate trainings in different specialties of Dentistry. Though there has been increase in number of PG seats since 1990's but it is not in the ratio as graduation seats have increased. The Govt. is unable to provide employment to most of the dental graduates and wherever it does, the working conditions are poor. Most of the Govt. hospital equipment and machinery are either non functional or is under repair. Further, the availability of sterilized instruments and consumable dental materials is grossly inadequate. Most of the dental graduates are working in a private clinic which certainly is out reach for most of the fresh graduates owing to the cost of establishment. After 1990's, the trends of migration for better avenues and post graduation have increased.

The question is WHY?? Limited continuing educational opportunities for professional development and career advancement, unemployment and desire for better income and family well-being, poor working conditions specially in rural and remote areas where health needs are least well served, expense to establish and run a clinic and presence of relatives and friends abroad are some of the major deciding factors for migration.

Besides personal dissatisfaction ,the structural and societal issues encouraging migration include bureaucratic and governance weaknesses to globalize labour markets in health care leading to improper workforce planning and management and political and civil instability. Further small-scale economies of developing nations do not do much to provide employment and a good standard of living to the dentists passing out each year.

The Academic Atmosphere

It is a well documented fact that the future research facilities and professional working environment in a developed country does wonders to satisfy the academic interests of budding dentists. Most of those who take up residency positions in the other countries prefer to stay back, or shift to work in other western countries like the USA, Canada, UK, New Zealand, Australia or West Asia. And only a few choose to return to home country.

The Loss Vs Gain

But all is not bad if we try to look at the other perspectives of migration. Not ignoring the loss of a developing nation like India due to migration ,the potential positive attributes of this migration are that the skilled professionals from developing countries get exposed to better working conditions professionally and latest facilities in terms of research and academics. This also helps in bringing foreign currency to home country and thus affecting nation as a whole positively. Also some professionals who choose to come back, use their experiences for the development of the profession in home country and altogether revolutionize the way of working.

But the negative impacts of migration far outnumber the positive ones for developing nations. First of all, loss of the skilled manpower in health sector from developing nations results in inadequacy in both preventive and curative healthcare. This is in turn loss to the country not only in terms of human manpower but also in terms of financial implications since a lot of Govt. money is being spent on training of these personnel. It has been reported that approximately US $ 40,000 are spent on each dental student during graduation in India.

Long term implications of international recruitment are innumerable. First among them is a delay in providing acute care and long waiting time for scheduled services. Also it leads to absence of basic health services, especially in rural areas, due to lack of expertise and trained professionals. It results in excessive workload for remaining man-

power, long working hours, frustration ,demoralization and decline in the quality of care.

India has to bear significant financial implications. India has reportedly lost up to $5bn in investment of training of doctors since 1951, which is reflected in the fact that 12 per cent of India's doctors are currently working in the UK.

The Ethical Aspect

But the question is whether it is ethical to stop this migration. It is unfortunate that till now we have no formal policy on health worker's migration, any guidelines for international recruitment, no defined procedure for agencies from other countries to advertise and employ health manpower. The need of the hour is to have a separate section of Health guidelines which operate to a Code of Practice in international recruitment, and sets out the standards which it will meet to ensure that healthcare professionals are recruited in an ethical way. The Code must include policies which govern recruitment via third party agencies, and National Health Bodies should strongly recommend only those agencies which meet the standards set out in the Code. It should be somewhat on the pattern of the General Dental Council (GDC) in UK, which governs recruitment of dentists within the state and from abroad.

Are there some measures that can be taken to minimize the loss of the country? Govt. should put restrictions on migration and everybody who has graduated in India should be made to serve for 3-5 years in the country – which does exist in few of the states. Ethical Considerations of migrated Professionals should include a proper code/ regulation for organizations which recruit professionals from developing countries. The recruitment should involve the government organizations like Ministry of Human Resource Development, Ministry of External Affairs, and Overseas Manpower Bureau etc. Regarding the eligibility and equalization of degree, help may be sought from Ministry of Health and Dental Council of India etc. Also, recognition of the degrees must be on a Reciprocal manner. As regarding the recruitments between countries, the professionals should be sent on a short term assignments which include fellowships or scholarships, provided under Commonwealth, Colombo plan and WHO organizations. Other beneficial plans can be exchange programmes conducted on deputation/ assignments and? short term fellowship/ assignment.

Morally - Doctors who go abroad to train and work should search for ways to share their expertise and valuable experiences gained by fostering and promoting the profession in their own institutions or new institutes.

Lessons

Looking back at the history, India has learnt many lessons, both good and bad. This has helped us to identify our shortcomings, recognize our potential strength and put this knowledge to best of interests of the country. India must overcome its shortcomings and increase the avenues for post graduation and continuing education; promote short term travel to other countries for professional enrichment and improve conditions for research work. This can be made possible by Increasing the expenditure on research and development, possibly through the private industrial sector and also address the structural, political, and economic problems that lead to the migration of their skilled professionals.

Conclusions

To overcome shortcomings, there is a great need to follow certain guidelines for International Recruitment and conditions regarding employment should be made clear beforehand. Salaries and service conditions must be conveyed in writing and agreement must be signed before migration process starts with no discrimination between the migrated workers and inland workers.

There should be Policy / Guidelines for international recruitment. Code of ethics should be followed. There should be an ethical obligation to facilitate the return of health professionals. There should be recognition of the service permitted by

the source country and a mechanism to maintain the data on workforce migration.

Most important of all, transparency and cooperation between the Governments of source and recipient countries for sharing the manpower. There should be a provision of visiting faculty/ researcher/ scholarships to the source countries to enhance the clinical skill and research capability. There should be continuing education programmes conducted in the source country. Introduction of telemedicine programmes for inter country sharing of expertise in management of complex problems. (Global networking) can be an innovative and most helpful way for the benefit of the source country.

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