MedicalXpress

Migrant dentists contribute to brain drain for developing and poorer countries

March 19 2015

Dentists migrate to Australia seeking "better opportunities" and "adventure" but they also contribute towards brain drain for developing and poorer countries.

These are just some of the findings of the biggest study of its kind into migrant dentists in Australia, conducted by the University of Adelaide's Australian Research Centre for Population Oral Health in the School of Dentistry. The results of a survey of more than 1000 migrant dentists have been published in the International Dental Journal.

"Research on migrant dentists has been limited in Australia, but this group comprises a growing proportion of the dental workforce. Information about migrant dentists is critical to workforce policy and planning in Australia, and in the dentists' countries of origin," says lead author Madhan Balasubramanian, Research Associate in the School of Dentistry.

The study highlighted three distinct groups of migrant dentists: those whose qualifications from the UK, Ireland, New Zealand and Canada are directly transferable to practice in Australia; those from developing countries whose qualifications are not recognised, who need to undertake extensive training and assessment through the Australian Dental Council (ADC); and other specialists, academics and students.

Speaking in the lead up to World Oral Health Day (Friday 20 March), Mr Balasubramanian says Australia continues to remain a popular

destination for migrating dentists. "Almost a quarter of all dentists surveyed migrated for 'better opportunities' (24%), followed by 'adventure' (14%) and 'lifestyle' (10%) reasons," he says.

"The majority of dentists who have gone through ADC training and assessment have come to Australia from lower middle income countries, mainly in the South-East Asian and African regions. Many of these countries are burdened with socio-economic and political problems, which have contributed to the dentists' desire to seek new opportunities."

The majority of dentists in this group are younger, and a larger proportion work in the more disadvantaged areas of the country, including rural and remote Australia. "Because of the extensive examination and training they undergo, it can take some time to establish themselves in Australia, which is possibly why many migrant dentists are forced to work in areas that are less competitive," Mr Balasubramanian says.

He says this also raises ethical issues about whether Australia should accept dentists from developing countries. "There have been concerns for a number of years now that developing countries are lacking the ability to build capacities in dental workforce research and surveillance, and that Australia should not rely so heavily on migrant dentists. For our South-East Asian neighbours, for example, the influx of dentists to Australia can contribute towards brain drain in those countries, which is something the World Health Organization (WHO) and other bodies are hoping to address.

"The recently introduced WHO Global Code for International Recruitment for Health Personnel is a significant global diplomacy tool, providing a framework to address the challenges related to dentist migration. As a developed country, it is important for us to proactively engage in strengthening the relevance of the Code both in Australia and

globally."

He says migration has many positive aspects and can lead to increased flows of knowledge across borders. "This seems more relevant in student and academic migration. However, this requires further research."

More information: "Characteristics and practice profiles of migrant dentist groups in Australia: implications for dental workforce policy and planning." *International Dental Journal*. doi: 10.1111/idj.12154

Provided by University of Adelaide