

Internationally Trained Dentists in Canada: An Alternative View

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Dr. Bonang's guest editorial¹ proclaiming our need to maintain high standards in our profession is laudible and no doubt well intentioned. Unhappily, the views expressed are susceptible to criticism as being protectionist and sanctimonious.

To be sure, our standards are high and Dr. Bonang rightly celebrates that achievement. But it does not follow from that achievement alone that "applicants educated outside of our accredited institutions" are necessarily substandard. And it does not follow that we should be overly concerned that, "Certain DRAs [dental regulatory authorities] are being directed to make access to registration an easier, friendlier process for applicants educated outside of our accredited institutions." To the contrary, that direction should be embraced and affirmed as a means to allow properly trained foreign dental professionals to work in this country. This will contribute to the common benefit of our profession and all Canadians. (It is a mistake to think that economically we operate in a zero sum market. Adding more dentists to the pie doesn't necessarily make the slices smaller for our individual members because the pie is also getting bigger. For example, in British Columbia, there are more dentists practising per capita than in any other province and yet they enjoy a very high average income.)

Our concern should lie in our attitudes toward change and the realities of a modern world that globally produces highly skilled, mobile professionals. Particularly, we should be concerned about obdurate resistance to steps that government believes are in the right direction. Our government rightly recognizes that the prosperity of our country is dependent not only on our ability to develop from within, but also to attract from other countries people with skills and knowledge. Indeed this is now a matter of government policy, because human capital in Canada constitutes approximately 75% of our nation's total wealth followed by corporate capital, unincorporated businesses, housing, consumer durables, government capital and cash. We, in our profession, should be concerned that inflexible

resistance to this policy may lead beyond direction to intervention and prescription.

Moreover, our concern should lie in perception. We are at risk of being perceived as a cartel that blindly reacts to proposed change by incanting a mantra of "high standards" notwithstanding that internationally trained applicants may well meet or exceed those standards. Certainly, Dr. Bonang tries to deflect this criticism by writing, "Such allegations are offensive..." but his indignity does not dispel the perception and, indeed, perhaps reinforces the criticism. After all, what else would a cartel say? Dr. George Steigler, a Nobel prize winner in economics who spent a lifetime studying regulatory bodies, concluded from his research that most associations are "captured by the constituents being regulated who are often helped at the expense of the public."²

We should further be concerned about abdicating the responsibility and losing control of our professional association through a lack of leadership. If we do not act, others will take action. In this regard, the Human Rights Commission of Newfoundland found that 9 European-trained dentists working in remote areas of the province with geographically restricted licences were wrongfully discriminated against for not being allowed portability. The fact that these practitioners practised in a competent and proficient manner over many years was insufficient for the Newfoundland Dental Board to grant portability. Was this decision based on the concern that urban patients would be at risk if these dentists moved to the cities? It could be argued that, if this was the case, then the patients that were treated by these doctors in their remote communities were discriminated against by the Newfoundland Dental Board for allowing substandard care.

In Manitoba, the Human Rights Commission is investigating the plight of 2 University of Manitoba senior academics trained outside Canada who are licensed to practise only as long as they have full-time university appointments. If for any reason these full-time appointments are modified,

their right to practise is eliminated. Here we have practitioners who have been in part-time practice for many years without as much as a single complaint. However, the Manitoba Dental Association has concluded after protracted deliberations that they do not meet the criteria to continue practising once their relationship with the university has either ended or lessened. Interestingly, these academics have successfully completed their fellowship examinations in their respective specialties and are recognized as experts in their fields to the point that they serve on the committees that prepare the National Dental Examining Board exams for students. The amazing take-away here is that the graduating student is deemed to be highly trained, as per Dr. Bonang's assertion, but the professors who did everything in their means to educate them are not.

In Ontario, a recently published study³ revealed that doctors trained outside Canada provide the same standard of care for heart attack patients as Canadian-trained physicians. Published in the *Archives of Internal Medicine*, the study involved 127,000 heart attack patients, and the authors reported that despite concerns over quality of care, international medical graduates are equally competent.

Dr. Bonang's guest editorial¹ prominently proclaiming our need to maintain our national standards is correct, but our process and lack of progress is discriminatory and open to public mistrust and government intervention. Indeed this article should not be accepted as a defence for the present status quo because it attempts to cloud the issues with self-righteous rhetoric and little else. ❖



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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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