An online forum for dentists originating from the Indian sub-continent, and when asked to be CDO (England) for a 21-year-old dental student. This was quite daunting feedback experience before applying to WHO!

Despite this somewhat disadvantaged position, I loved my time at Bristol Dental School and have never regretted the choice I made to study dentistry.

You were Chief Dental Officer (CDO) for the UK from 2002 to 2005. What are you doing at the moment?

I consider my time spent as CDO a real privilege and loved the job, but have also never looked back. I knew that I would be a paediatric dentist from my second undergraduate year. At the time, Reg Andlaw was head of the oral health unit at WHO (Geneva), asking him for a job. He was kind enough to take the time to respond and pointed out that if this was a career option then I should gain postgraduate qualifications and about 20 years experience before applying to WHO! This was quite daunting feedback for a 21-year-old dental student.

And so, 25 years or so later when asked to be CDO (England), I was thrilled and keen to meet the challenge, but in 2008 when the opportunity came for me to lead the Global Child Dental Health Taskforce, whose mission is supported by the WHO, the choice was simple. I am now living out the dream I had at the start of my career and this is a very satisfying and fulfilling.

The current CDO, Barry Cockcroft, recently said in an interview with Dental Tribune UK that public dentistry has significantly improved in Britain. Do you agree with him?

It is not easy to be a public figure and a spokesperson for Government policy. There are deep-rooted constraints and few in the profession understand the extent of these, Barry is doing a good job.

You are also the founder of Dentalghar, a new worldwide community for dentists of Indian origin. What is the purpose of this organisation?

Let me also say at this stage that everyone is welcome to join this virtual community irrespective of race, ethnic background, religion or gender – in fact we would welcome a multifaceted community. The focus is on the Indian sub-continent (Pakistan, India, Nepal, Bangladesh and Sri Lanka), but also the diverse “Asian” dental communities which have sprung up in countries as far apart as US, Canada, UK, South Africa, Singapore, Middle East, Australia, and the Middle East.

The current situation is supported by the WHO, the same level as it has done in other countries? In truth, this requires a complex answer which is not easy to give here in a short interview, I will simply say that dentistry (dental care) is also very much influenced by the market in which it is provided, so how dentists are remunerated is critical.

It is certainly true that dental caries levels in all, but not in the under five year olds, have improved in the past few decades. More individuals are retaining their teeth. So yes in general terms oral health has improved. But still about 50 per cent of our children have cavities and the long list of children waiting for a general anaesthetic to have decayed teeth extracted is more than a concern, it is blight on the public policy landscape. It is also fair to point out that this is not just true of England but nearly every developed country.

So yes oral health has improved but the gap in inequalities remains and to the question are we doing enough for children the answer has to be no. If the question is about dentistry as a whole, then yes this has improved but to the same level as it has done in other countries? In truth, this requires a complex answer which is not easy to give here in a short interview, I will simply say that dentistry (dental care) is also very much influenced by the market in which it is provided, so how dentists are remunerated is critical.

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Dentalghar is a new worldwide community for dentists of Indian origin.

‘I consider my time spent as CDO a real privilege and loved the job, but have also never looked back’

It is simply responding to a global movement that is occurring within the Indian Diaspora. I was born in India but my parents migrated when I was two. Like myself, there is a large community whose physical links with the subcontinent were severed but not the emotional ones. There is a saying in India: “You can take someone out of India but you can never take India out of them”. I noticed that our medical colleagues were organising themselves and linking up with their counterparts in India. They have established joint ventures, conferences and collaborative training opportunities. In dentistry, proportionately speaking, we have more (worldwide) dentists of Indian origin than our medical colleagues and so this factor gave rise to the momen-
We are creating a platform on which to bring together many groups into one global community. There is no set agenda which one has to buy into. It is simply an arena to meet and discuss issues, but also to create opportunities whereby many of us outside India can think about how we can give something back to our country of origin. I don’t know where this will take us – but it is full of exciting prospects and an opportunity to engage.

Your partner in this project is Smile-on, a UK-based provider of dental education. What is their part in this?

I can just about navigate around my PC by myself but after that I am out of my depth. This is a virtual community engaging on the internet. I needed to have partners who had IT expertise but also understood the dental market and publishing. Smile-on has this combination and I had worked with the company before so it was an obvious choice for me. I was in India in April 2009 and met 50 deans of dental schools. But then the outsourcing sector is attracting professionals from all sectors, dentistry is just one of them. What is happening for many new graduates is that they work in dental practice but supplement their income by working at BPO centres for a few hours each week.

Is the organisation helping dentists from India with work permits, visas, etc.?

The organisation is not a campaigning one. We are simply bringing people together and if certain issues come up then members might want to respond as individuals. As I mentioned earlier, there is no fixed agenda. Work permits are not being discussed by members. What I notice is that many dentists are asking how they can help or volunteer in India. Others are reconnecting with their roots, that is towns where their families originated from, and asking what dentistry is like there. So in fact, the interest is reversed and directed towards India.

How many dentists of Indian origin are currently working abroad and in which countries?

This is very difficult to know as there has not been a global census. We do know that India has over 25 per cent of all dental schools in the world (I believe it was just over 280). And we also know that in the UK, US and Australia a sizable proportion of dental students have their ancestral roots in the subcontinent. The Ministry of Indian Affairs estimates over one million healthcare professionals worldwide have Indian origins and a proportion of these are dentists. At Dentalghar, we conservatively estimate that 20 per cent of dentists worldwide have Indian origins.

The Times of India recently reported that many dental graduates in India have to leave dentistry to work in more lucrative jobs, such as in the Business Process Outsourcing sector. With more than 250 dental institutions there is an overflow of dental professionals in India right now?

I was in India in April 2009 and met 50 deans of dental schools who came to engage with the GCDHT project. They shared their concerns about dental employment for their future graduates. But then the outsourcing sector is attracting professionals from all sectors. I am just one of them. What is happening for many new graduates is that they work in dental practice but supplement their income by working at BPO centres for a few hours each week. What is needed in India is a national workforce strategy to be carefully devised and implemented.

What are the main reasons for dentists to leave the country?

In the past it was for employment and training. Now, for many, India is an attractive place to live and work with more and more potentials. Overseas postgraduate education is still a strong pull for dentists. But the situation over the next 10 to 15 years will change dramatically. With higher demands for quality dentistry by local people, dental tourism, postgraduate training opportunities etc many dentists will stay in India and some may even return.

Are dentists from India sufficiently trained for service in countries such as the UK? (How is the level of dental education in India compared to Western countries?)

There are many dental schools in India which are excellent, whilst others require modernisation. One thing is certain; the dentists who sit entry exams in countries such as the US or the UK do very well. From my personal experience, the postgraduates I have supervised who trained in India have been outstanding.

Last year, the House of Lords abandoned its unfair and discriminatory medical graduates. Did this also concern dentistry and, if so, has this decision improved working conditions for Indian dentists in the UK?

The House of Lords’ ruling was on a very specific case taken up by the British Association of Physicians of Indian Origin (BAPIO). It had more of an impact on those who are medically trained rather than those seeking dental training. BAPIO were courageous in making this appeal and overtime it will be seen as a landmark event in race relations within the NHS. For a minority ethnic organisation to challenge government in the High Court is remarkable and even more so for them to have their case upheld – well unbelievable. But it was the right thing to do. I am proud to have been asked to be the Chairman of BAPIO.

Countries such as the UK heavily rely on dentists from abroad to be able to sustain their services. What impact do and will foreign doctors have on dentistry in the country?

Historically we have relied on overseas-trained doctors and dentists. In 2004, England published a dental workforce strategy, which is on the internet. The strategy was to build a home-grown workforce, which is why in 2010 our dental schools increased their undergraduate numbers by 25 per cent. If in 20 years time we got the numbers wrong, then we know who to blame. I chaired the review!