FOREIGN TRAINED DENTIST WORKING IN THE NETHERLANDS: MOTIVES AND MOVEMENTS IN CROSS-BORDER BEHAVIOUR

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CONTEXT

The past decade globalization of markets and the development of free trade agreements have driven cross-border movements and international mobility of health professionals. Dentist seems to be one of the professions that are specifically willing and capable to work in different countries. Previous research on European migration of dentists predominantly stems from the United Kingdom. The cross-border mobility of dentists into the Netherlands is an interesting case as well, as the foreign inflow has become substantial, and a national policy discussion has started about its desirability in the context of a looming labour market shortage.

METHODS

Dentists with a non-Dutch residence and/or non-Dutch dentist diploma that registered themselves are professional in the Netherlands between 2000 and 2010, were approached by mail and a written questionnaire. Extra investments were done to trace the almost 1,500 dentists, as many questionnaires were returned by the sender or the current resident. After a number of months 417 responses were collected, providing valuable information about the composition and motives of dentists that worked, or did worked, in the Netherlands. Descriptive analyses are made of the dentists by nationality and current employment. With regard to the workforce issue and discussion, specific analysis is performed with regard to the length of their working career in the Netherlands, as well as their working hours and position in dental practices. The profile of the foreign trained dentists is statistically compared with Dutch dentists.

RESULTS

Most of the foreign trained dentists (68%) that responded were actually employed at the time of the survey in the Netherlands. A substantial group however, has returned to their home country, some (17%) without having worked in the country at all. Most hold a German (36%) of Belgium diploma (23%). Those who left the Netherlands worked as a dentist for only 2 to 3 years. The dentists currently employed in the Netherlands indicate that they expect to stay for a much longer period. The migrated group is of relatively young age, while a remarkable high proportion of female Belgium dentists responded. As what might not be expected, their average number of working hours is lower compared to the Dutch dentists. Also, the expected age for remuneration of the foreign-trained dentists is relative low (56) which confirms that only a minority is intended to complete their career in the Netherlands.

CONCLUSIONS

Compared to other medical occupations, foreign trained dentists in the Netherlands are a relatively large part of the current dental workforce. Based on this study it should be recognized however, that they work significantly shorter and less hours as their Dutch-trained colleagues. This is an important notion in relation to the current policy discussion on being self sufficient versus recognizing the flexibility of foreign trained capacity inflow. Although this survey is the first insight in this group of professionals that are hard to reach and monitor, many questions still remain to be explored. Extended qualitative research is needed to discover the motives and attitudes of the foreign trained dentists. Also, their behaviour should be studies in relation to the labour market situation in their home countries. Finally, it is relevant to explore systematic differences between dentists employed in border regions and those that actually migrated to the Netherlands.

