



LETTERS TO THE EDITOR:

Employment Outlook for Newly Graduated Dentists in Colombia Panorama laboral de odontólogos recién egresados en Colombia

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Dear Editor,

Since the enactment of Law 100 of 1993, the labor market for healthcare professionals in Colombia has undergone significant transformation due to the expansion of healthcare coverage and the involvement of private entities in the management and provision of health services, leading to an increase in job vacancies and the need for a significant number of new professionals (1). However, over the past 40 years, the quality of life for dentists has deteriorated due to the flexibilization and outsourcing of work resulting from Law 100 (2), as well as other factors such as the proliferation of dental faculties and oversaturation of these professionals in urban areas (3). In fact, over the last twenty years, there has been a high unemployment rate of around 11.5%, which is a cause for concern for recent graduates (4).

According to Colombian health human resources policy, the participation of professionals is crucial to ensure that the healthcare system provides quality services equitably to the entire population. However, at times, the work of recent graduates is not dignified and recognized (5). This is reflected in precarious employment conditions justified under the guise of lack of work experience and postgraduate training, as well as low salaries offered and high requirements for their profiles (4). In Colombia, there are at least



six types of contracts: fixed-term, indefinite-term, labor contract, provision of services, apprenticeship contract, and occasional work contract (6).

Regarding dental practice, there are two common forms of employment: provision of services and contracting based on the percentage of services rendered (7). These types of contracts have in common that the contracting entity is not required to make contributions to the general healthcare social security system despite the dentist working full-time (8). Behind the contracting based on the percentage of procedures performed or service provision lies the reduction of tax burden for companies at the expense of worsening working conditions for dentists (8). Likewise, dentists working independently often lack fixed incomes and high salaries, leading to dissatisfaction with the practice of the profession (3).

Furthermore, a new precarious employment modality has recently emerged, in which dentists are assigned roles in patient recruitment processes, sales marketing, and dental procedures (9). In this regard, "diagnostic dentists" are hired solely to establish treatment plans and refer patients to specialists, "mixed dentists" perform comprehensive patient care, and "commercial dentists" specify the economic costs of treatment plans, available financing options, and the task of persuading the patient to initiate treatment (8). The economic remuneration of these dentists is based on fees or percentages depending on the achievement of goals set by the contracting entity, which often leads to fierce competition among them to "sell products or treatments," deviating from their professional knowledge and requiring high work dedication to meet the desired goals and thus extend the contract (7).

Although there are few studies on this issue (3), it is worth conducting a brief exploration. González *et al.* (8), when evaluating the employment situation of dentists graduating from

the National University of Colombia working in private healthcare service institutions in Bogotá between 2011 and 2016, found that 71.4% of participants were hired through service provision, 20% received incomes close to 1 legal monthly minimum wage (SMMLV), and worked 36 to 48-hour weekly shifts. When asked about their level of job satisfaction, 28.6% of participants expressed being very dissatisfied, and 48.6% dissatisfied; these findings are consistent with those of Arroyo *et al.* (7), who, when analyzing the employment situation of dentists graduating from the Santo Tomás University of Bucaramanga, mostly between 2014 and 2017, found that the salary received by 41% of them ranged between 1 and 2 SMMLV, less than 10% exceeded 4 SMMLV, and their level of job satisfaction was low (92% expressed a desire to work elsewhere and 69% in another country). Additionally, 25% had been contracted based on the percentage of procedures, and 21% through service provision. In the Caribbean region of Colombia, Vergara *et al.* (10), when examining the employment situation of dentists graduating from the University of Cartagena between 1990 and 1999, observed that nearly 83% were practicing their profession, of which 73% worked in private entities, 71% received an average salary of more than 2 SMMLV, and 40.4% had indefinite-term contracts, confirming that indeed, the past was better.

Dentistry in Colombia has shifted from being a well-paid, stable, and predominantly clinical profession to one based on the sale of services, unstable, and with low salaries. Additionally, long working hours and unwanted commercial competition among professionals are factors that lead to dissatisfaction in the practice of the profession. However, these scenarios often end up being the only option, given the limited job opportunities and the need to generate income to improve quality of life. Finally, although Law 100 is often blamed for much of the decline, it is time to change the paradigm and consider how the state can reduce

the tax burden on companies to promote formalization and improve the wage conditions of workers; it is also pertinent to evaluate the excessive rush to increase higher education coverage in health without simultaneously promoting market conditions that allow for mutual benefit for both employees and employers.

CONFLICT OF INTEREST

Nil.

AUTHOR CONTRIBUTION STATEMENT

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