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Letter to the Editor

An Eagle's Eye on the Remuneration for Dentists Working in Primary and Community Health Centers in India

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Dear Editor-in-Chief

Remuneration is a significant feature of human resource management, and these resources are the most crucial factor in the delivery of a good number of public health services (1). Mukesh Chawla et al. in 1997 revised different remuneration systems for health care personnel; fixed salary provides incentives for shirking, performance related pay (PRP) for concentrating on those aspects of the job that are measured, and misrepresenting output (2).

A major problem with salary-based remuneration systems in India is that there are no incentives for dentists to perform over and above the minimum that is required of them in order to keep their jobs, do not contribute the optimal or desired level of effort, not giving any particular attention to quality of care or patient satisfaction and to build or foster a close relationship with their patients, and access to care may be somewhat limited by the limited time that the dentist may allocate to his duties since their compensation is not likely to be affected in any way.

A cornerstone of the theory in personnel economics is that workers respond to incentives. Specifically, it is a given that paying on the basis of output will induce workers to supply more output (3). This led us to discuss a new model called "pay for item of service" i.e. dentists were paid a "piece-rate" for each individual treatment they carried out, with specified fees for each type of treatment (fillings, extractions, crowns, bridges, dentures, etc.). The government of UK is getting fruitful results with this type of remuneration system for their NHS dentists. However, the "pay per item" system in dentistry came to be criticized for giving a potential incentive to "over-treatment" (encouraging dentists to err on the side of "drilling and filling", going against trends in clinical best practice); leading to an emphasis on the speed of treatment rather than quality; and failing to encourage a preventive approach (since dentists were not paid to spend time with patients explaining how they could maintain their dental health) (4). Against this background, with proper monitoring and evaluation methods, one can overweight the disadvantages associated with this remuneration system.

The preference of remuneration depends on a host of factors, such as the preparedness of the health management system, availability of institutional support, development and availability of management and information systems, other re-

forms in the health sector, other reforms elsewhere in the economy, and overall short and long term objectives of the government in the health sector (1). Finally it is not what you pay, it is the way that you pay it and that's what gets results.

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