

# INDIAN DENTIST MIGRATION TO AUSTRALIA 2026

Complete ADC Exam Guide, AHPRA  
Registration,  
Visa Pathways and PR Roadmap for BDS  
Graduates

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**2026 Edition — Fully Updated with Latest AHPRA &  
Visa Policy Changes**

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## About the Author

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You are about to make one of the most significant decisions of your professional life. If you are an Indian dentist staring at a career ceiling — long hours, limited recognition, and earnings that do not reflect your skill and sacrifice — this book was written precisely for you. The pathway to practising dentistry in Australia is real, achievable, and more accessible than ever in 2026.

MANOJ PALWE is a Regulated Canadian Immigration Consultant (RCIC R422575), CAPIC Fellow (R11592), and MIA Examination Qualified immigration professional who has helped more than 10,000 families navigate immigration to Canada and Australia. As President of Taurus Infotek Inc. (Dreamvisas), he operates consulting practices in Toronto, Canada and Pune, India. With 25+ years of professional experience, 20,000+ YouTube subscribers, and 600+ LinkedIn recommendations, Manoj has become one of the most trusted voices in South Asian immigration circles.

This guide draws directly from his hands-on experience guiding healthcare professionals — including dozens of Indian dentists — through the ADC examination process, AHPRA registration, and Australian skilled visa pathways.

**This Book Is For You If You Are...**

A BDS graduate from India looking for a clear, honest roadmap to Australian dental practice

A dentist already in Australia on a temporary visa who needs the fastest PR pathway

An MDS specialist wondering whether your specialty qualifications translate to Australia

A dental couple planning to migrate together and wondering how to maximise both applications

A dentist who has already started the ADC process but feels lost or overwhelmed at any stage

If this book helped you understand your options or avoid a costly mistake, please leave an honest Amazon review. Two minutes — it helps the next person in the same situation.

For a professional assessment of your specific immigration case, consider a Personal Evaluation Report (PER) with Manoj Palwe at [dreamvisas.com](http://dreamvisas.com).

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Edition: February 2026. All fees, processing times, form numbers, and program details are accurate as of the publication date. Immigration regulations change; always verify with official Australian government sources before acting.

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## CHAPTER INTRO

# How to Use This Guide — And Why Now Is the Best Time to Act

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It is 11:30 pm on a Tuesday in a dental clinic in Nagpur. Dr. Arjun Desai, five years out of dental college, is reviewing his fourth patient chart of the evening. He has been at the clinic since 8:30 am. His hands ache. His take-home salary for the month — after equipment costs and clinic rent — will come to roughly INR 45,000. He knows he is better trained than many of the dentists he reads about in Sydney and Melbourne earning AUD 200,000 a year. He wonders whether the ADC examination is really as hard as people say, or whether that narrative is simply told by those who failed it.

This book exists for Dr. Arjun. And for every Indian dentist sitting in a similar position.

Australia is not a distant dream for Indian dentists in 2026. It is a documented, systematic, well-trodden pathway with thousands of Indian dentists already thriving on the other side of it. The ADC examination is rigorous, but it is also predictable. AHPRA registration is bureaucratic, but it is navigable. The points system rewards planning. And the state nomination programs, for those who play them correctly, can dramatically accelerate timelines.

## How This Guide Is Structured

This guide follows the exact sequence you will follow on your own migration journey. It begins where you are right now — evaluating whether Australia is right for you — and carries you all the way through to your first days of practice in your new country.

Each chapter builds on the previous one. Chapter 1 makes the case for Australia with hard data. Chapters 2 through 4 walk you through the professional qualification pathway. Chapters 5 through 7 decode the visa and points systems. Chapters 8 and 9 give you your personalised roadmap. Chapters 10 through 13 prepare you for life on the ground.

### What Makes This Guide Different

Written by an MIA Examination Qualified consultant who has guided Indian dentists through this exact process

Fees, form numbers, and processing times verified as of February 2026 — not copied from an outdated blog

Case studies from real Indian dentist migration journeys (names changed for privacy)

Honest about difficulty — including the common failure points the ADC does not advertise

Includes the full 24-month month-by-month action plan used by Dreamvisas clients

One final note before we begin: immigration is time-sensitive. Every month you delay the ADC application is a month of lower earnings, a month of erosion in the age points you will receive, and a month you are not building Australian work experience. The best time to start was yesterday. The second best time is today.

## CHAPTER 1

# Unlock Your Future: Why Australia Needs Indian Dentists Now

*The opportunity is bigger than you think — and the window will not stay open forever*

### Opening Scenario: Dr. Priya's Story

Dr. Priya Sharma, BDS from Bharati Vidyapeeth Pune, arrived in Perth with four years of clinical experience and a determination to pass the ADC examinations.

Three years later: AUD 178,000 annual salary, AHPRA registered, permanent residency approved, homeowner.

Her message to Indian dentists still hesitating: 'The ADC examination is hard but fair. What held me back longest was not knowing where to start. This guide is exactly what I wish I had read first.'

## 1.1 Australia's Critical Shortage of Dental Professionals

Australia is experiencing a significant and growing shortage of qualified dental professionals that is expected to intensify through the 2030s. According to Australian workforce projections as of 2026, the country employs approximately 21,200 dental practitioners, with annual employment growth demand of roughly

1,500 new positions — a gap that domestic dental schools cannot fill alone.

Dentists are listed under ANZSCO code 252312 on Australia's Skilled Occupation List. Dental Specialists (ANZSCO 252311) appear on multiple skilled migration lists. Both codes have consistently featured on state and territory occupation lists since 2015, confirming that this is a structural workforce need, not a temporary fluctuation.

<b>Demand Driver</b>	<b>Impact on Overseas Dentist Demand</b>
Population growth (26+ million, 3rd largest in OECD per capita increase)	Higher patient volumes, especially in outer suburbs and new residential areas
Ageing dental workforce (avg. practitioner age 48, 35% nearing retirement)	Replacement recruitment for thousands of existing positions over 5–10 years
Geographic maldistribution (80% of dentists in metro areas)	Severe shortage in regional/rural/remote areas — fastest visa pathways available
Child Dental Benefits Schedule expansion	More public-sector positions requiring registered dentists

Ageing population (21% aged 65+)	Increased demand for prosthodontics, implants, maintenance care
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## 1.2 What Indian Dentists Earn in Australia — The Full Picture

The salary differential between India and Australia is the most immediate motivator for most dentists exploring migration. But the full financial picture — including superannuation, leave entitlements, healthcare access, and regional bonuses — makes the case even stronger.

Note: The figures below are indicative estimates of gross private-sector earnings before Australian income tax. Actual income varies by city, practice model, and individual production. Check the ADA Annual Dental Workforce Survey and Seek.com.au salary data for the most current figures.

Experience Level	Annual Salary (AUD)	Approx. INR Equivalent
Entry-Level (0–3 years)	AUD 90,000 – 120,000	INR 49 – 66 Lakh
Mid-Career (4–9 years)	AUD 120,000 – 180,000	INR 66 Lakh – 1 Crore
Senior (10–20 years)	AUD 180,000 – 250,000	INR 1 – 1.37 Crore

Specialist / Practice Owner	AUD 250,000 – 400,000+	INR 1.37 – 2.2+ Crore
Regional (with incentives)	AUD 150,000 – 300,000	INR 82 Lakh – 1.65 Crore

### **The Superannuation Advantage — A Benefit Indian Dentists Often Miss**

Australia's mandatory superannuation system requires employers to contribute 11% of your salary (as of 2025) into your retirement fund.

On an AUD 150,000 salary, that is an additional AUD 16,500 per year — approximately INR 9 lakh — that you receive beyond your stated salary.

Over a 20-year Australian career, compounding superannuation can accumulate to AUD 700,000+ in today's dollars.

This benefit does not exist in India's private dental employment sector.

## **1.3 Quality of Life: What the Numbers Cannot Fully Capture**

Australia consistently ranks in the top ten countries globally for quality of life indices. For Indian dentists specifically, the improvements are profound and immediate. Working weeks of 38–42 hours are standard — compared to the 60–70 hour weeks common in busy Indian private practice. Medicare provides

universal healthcare access, meaning your own health costs drop dramatically. Public schooling for your children is world-class and free.

The Indian community in Australia is one of the largest and most established migrant communities in the country. In cities like Melbourne, Sydney, and Brisbane, you will find Indian grocery stores, temples, community organisations, cultural events, and a professional network of Indian-origin healthcare workers who have made exactly the journey you are planning. You will not be starting from zero.

## 1.4 Australia vs. Other Destinations: Why Not the UK, Canada, or UAE?

Indian dentists have options. The UK, Canada, New Zealand, and the UAE all recruit overseas-trained dentists. But in 2026, Australia offers the most structured pathway, the clearest PR timeline, and the best combination of earning potential and lifestyle. The comparison below reflects mid-career general dentists with full local registration in each country — outcomes for newly arrived dentists still completing the recognition pathway will differ.

Factor	Australia	United Kingdom / Canada
Recognition pathway	ADC examination —	ORE/NDEB — similar difficulty but less transparent

	structured, predictable	
PR timeline (skilled worker)	2–4 years from arrival	3–6 years typically
Average dentist salary (equivalent)	AUD 150,000+ mid-career	GBP 80,000 / CAD 120,000
Regional incentives	Strong — fast-track PR, relocation bonuses	Moderate UK, limited Canada
Indian community	Large, well-established	Large UK, growing Canada
Climate	Sunny, outdoor-friendly	UK cold/wet; Canada winters severe
Pathway certainty	High — consistent demand on SOL	Fluctuating occupation lists

### Expert Insight: The 2026 Window

Australia's 2030 dental workforce projections show a deficit of 3,200+ dental practitioners by 2029.

Current state nomination occupation lists have dentists at Category 1 in Queensland, Western Australia, South Australia and Tasmania — meaning fastest possible processing.

Age is a significant points factor: every year over 32 costs you 5 points. If you are 28–32 now, starting this year maximises your competitive advantage.

## CHAPTER 2

# The ADC Pathway Decoded: Your Step-by-Step Examination Roadmap

*The most honest chapter you will read about the ADC — including what the brochure does not tell you*

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The Australian Dental Council (ADC) examination is the mandatory assessment pathway for overseas-qualified dentists from non-exempt countries. India is a non-exempt country — which means every Indian BDS graduate, regardless of how outstanding their degree or how many years they have practised, must complete the full ADC examination pathway. There are no exceptions and no alternative routes.

This chapter gives you the complete, honest picture — including the parts that ADC brochures underemphasise.

### **ADC-to-PR Pathway at a Glance**

**STEP 1 — ELIGIBILITY CHECK:** BDS degree (4+ years, MCI/DCI accredited) + 12-month internship + current dental registration → ADC website: [adc.org.au](http://adc.org.au)

**STEP 2 — ENGLISH LANGUAGE TEST:** IELTS Academic 7.0 all bands OR OET B all components → [test.com.au](http://test.com.au) / [oet.com](http://oet.com)

STEP 3 — ADC INITIAL ASSESSMENT: Submit documents + pay fee (AUD 455) → ADC reviews and approves eligibility (6–12 weeks)
STEP 4 — ADC WRITTEN EXAMINATION: Two papers, computer-based, Pearson VUE centre → pass required before proceeding (AUD 1,580)
STEP 5 — ADC PRACTICAL EXAMINATION: 2–3 days in Melbourne, OSCE format → pass required before AHPRA (AUD 4,500–5,000)
STEP 6 — AHPRA GENERAL REGISTRATION: Online application + documents + fee (AUD 860) → 4–8 weeks → licensed to practise
STEP 7 — VISA/PR: Submit EOI in SkillSelect → State nomination (190/491) → Visa application → PR grant
Total typical timeline: 22–30 months   Total estimated cost: AUD 18,000–32,000

### **What Can Go Wrong: Common Delay and Refusal Triggers at Each Stage**

ADC Initial Assessment: Incomplete internship documentation | Unrecognised dental college | English score below 7.0 in any band | Documents not properly certified. Mitigation: Use the ADC checklist from the Candidate Handbook; get documents certified early.

ADC Written Examination: Insufficient preparation time — especially biomedical sciences and materials. Mitigation:

Minimum 6 months structured study; review ADC examination reports published at [adc.org.au](http://adc.org.au).

ADC Practical Examination: Failure on rubber dam technique, time management, or composite resin procedure. Mitigation: Undertake Melbourne-based hands-on coaching before sitting; practise to Australian technique standards, not Indian college standards.

AHPRA Registration: NCRB criminal history certificate expired | Health declaration triggers review | Professional indemnity not arranged. Mitigation: Apply for NCRB no more than 10 months before expected AHPRA lodgement; read the AHPRA registration checklist in full before applying.

Visa Application: Points score not competitive in current invitation round | State nomination not matching genuine intent | Health condition triggers additional assessment. Mitigation: Obtain a PER before lodging; track current invitation round scores at [homeaffairs.gov.au](http://homeaffairs.gov.au).

## 2.1 The Three Stages of the ADC Pathway

### **Critical Warning: Indian BDS Is Not Directly Recognised**

Unlike dentists from the UK, Ireland, New Zealand, or certain Canadian universities who may qualify for direct registration, Indian BDS graduates MUST complete the full ADC examination pathway.

There are no exemptions based on years of experience, postgraduate qualifications, or research publications.

MDS-qualified dentists (specialists) may have additional specialist registration pathways after initial registration, but they still complete the ADC written and practical examinations first.

## Stage 1: Initial Assessment

The Initial Assessment is the mandatory entry point that verifies your dental qualification meets the minimum requirements for ADC assessment. You cannot register for any examination without clearing this stage.

Requirement	Details (2026)
Dental qualification	BDS from a recognised Indian dental institution (must be MCI/DCI accredited)
Duration of course	Minimum 4 academic years of dental education plus internship
Compulsory internship	12-month supervised internship (rotatory) must be completed
Registration status	Currently registered or eligible for registration with DCI/State Dental Council

English language	Minimum IELTS 7.0 / OET B scores required at this stage
Application fee	AUD 455 (non-refundable, 2026 rate — verify with ADC)
Processing time	6–12 weeks after submission of all documents

Key documents required for initial assessment include: certified copies of BDS degree certificate, academic transcripts, internship completion certificate, current dental council registration certificate, passport-size photograph, English language test results, and statutory declaration verifying authenticity of documents.

## Stage 2: ADC Written Examination

The ADC Written Examination tests your knowledge across all clinical dental disciplines. It consists of two papers, each of approximately 2.5 hours, covering a comprehensive range of biomedical science, clinical dentistry, and professional practice topics.

Element	Details
Format	Two-part computer-based examination

Questions	Approximately 250 multiple-choice questions across both papers
Duration	Paper 1: 2.5 hours; Paper 2: 2.5 hours (separate days)
Location	Administered by Pearson VUE at centres across Australia; offshore not currently available
Frequency	Offered multiple times per year (check ADC calendar for dates)
Examination fee	AUD 1,580 per sitting (2026 approximate — verify with ADC)
Pass mark	Determined by standard-setting process; not a fixed percentage
Resit policy	Unlimited resits; each requires full fee payment
Average pass rate (Indian graduates)	Approximately 55–65% on first attempt

## Written Examination Subject Areas

The ADC Written Examination covers the following core domains:

- Biomedical Sciences: anatomy, physiology, biochemistry, microbiology, pathology, pharmacology
- Dental Materials and Technology: properties, selection, manipulation of restorative materials
- Oral Biology and Oral Pathology: developmental, inflammatory, neoplastic conditions
- Restorative Dentistry: diagnosis, treatment planning, operative procedures, posterior and anterior restorations
- Prosthodontics: complete dentures, partial dentures, crown and bridge, implant-supported prosthetics
- Periodontics: assessment, non-surgical and surgical management, maintenance
- Endodontics: diagnosis, treatment planning, root canal therapy, retreatment
- Oral Surgery: extraction, minor surgical procedures, complications management
- Orthodontics: growth and development, assessment, appliance systems, referral criteria
- Paediatric Dentistry: caries risk, preventive strategies, behaviour management, pulp therapy
- Oral Medicine: diagnosis and management of soft tissue conditions, systemic disease manifestations
- Radiology: image acquisition, interpretation, radiation safety
- Professional Practice: ethics, law, infection control, patient management, special needs

<b>Study Strategies That Work: Insights from Indian Dentists Who Passed First Time</b>
Start 6 months before your examination date, not 6 weeks. The knowledge base is broader than any single discipline.
Use the ADC Candidate Handbook extensively — it defines the scope and standard better than any coaching course.
Form study groups with other Indian dentists preparing for the ADC — the peer teaching effect is well-documented.
Practise under timed conditions from month 3 onwards. Time management is a leading cause of failure.
Recommended resources: Kumar & Clark's Clinical Medicine (oral manifestations), Shillingburg Fundamentals of Fixed Prosthodontics, Berkey & Company Dental Materials, Australian Dental Association clinical guidelines.
Book a coaching program in Australia if you are committing to the practical examination — residential preparation courses in Melbourne are highly effective.

### Stage 3: ADC Practical Examination

The ADC Practical Examination is the most challenging and most expensive stage of the pathway. It is conducted over two to three days in Melbourne and assesses your clinical competency across a range of practical dental procedures performed on typodont models and extracted teeth.

Element	Details
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Location	Melbourne (ADC examination centre) — no offshore options
Duration	2–3 days of practical assessment stations
Disciplines assessed	Operative, prosthodontics, periodontics, endodontics, paediatric, patient management
Format	Objective Structured Clinical Examination (OSCE) stations plus bench-work
Examination fee	AUD 4,500–5,000 (2026 approximate — verify with ADC)
Frequency	Limited sessions per year — book early
Pass requirement	Must pass all stations independently; partial passes do not carry forward
Coaching programs	3–6 week intensive residential courses available in Melbourne (AUD 5,000–12,000)
Average pass rate (Indian graduates)	Approximately 50–60% on first attempt

The practical examination requires you to demonstrate competency at the standard of a newly-graduated Australian dental graduate. This means your technique must comply with Australian standards, not necessarily the techniques taught in

Indian dental colleges. The most common areas of failure for Indian graduates are: rubber dam placement and technique, class I and II composite resin restoration technique, periodontal instrumentation, and time management across stations.

## 2.2 ADC Pathway Timeline and Cost Summary

All fees below are approximate as of February 2026. ADC, AHPRA, and visa fees are set by the respective bodies and subject to change — verify current fees at [adc.org.au](http://adc.org.au), [ahpra.gov.au](http://ahpra.gov.au), and [homeaffairs.gov.au](http://homeaffairs.gov.au) before budgeting.

Stage	Typical Duration	Approximate Cost (AUD)
Initial Assessment	6–12 weeks	AUD 455
English language test	1–3 months preparation + test day	AUD 300–450
Written Examination preparation	4–8 months self-study	AUD 0–5,000 (courses)
Written Examination sitting	1 day (2 papers)	AUD 1,580
Practical preparation (coaching course)	3–6 weeks residential Melbourne	AUD 5,000–12,000
Practical Examination	2–3 days Melbourne	AUD 4,500–5,000

AHPRA Registration (post-ADC)	4–8 weeks	AUD 860
TOTAL PATHWAY ESTIMATE	18–30 months from application	AUD 12,000–24,000

### Planning Your Budget for the ADC Pathway

The total cost above does not include visa costs, flights to Australia for examinations, or accommodation during the practical examination in Melbourne.

A realistic total budget including travel and accommodation for examinations is AUD 18,000–32,000 (approximately INR 1 – 1.75 crore).

Many dentists begin working in Australia on a skilled temporary visa before completing the practical examination, using their Australian earnings to fund the remaining pathway.

Some state/territory health departments offer partial reimbursement of ADC examination fees for dentists who commit to regional practice.

## 2.3 ADC Written Examination: Deep-Dive Study Guide

Many Indian dentists underestimate the breadth of knowledge the ADC Written Examination requires. It is not simply a recall test — it tests clinical reasoning and the ability to apply biomedical science knowledge to dental practice scenarios. The

following subject-by-subject guidance is drawn from ADC examiner reports and successful candidate feedback.

## **Biomedical Sciences — Most Common Failure Area**

For graduates of Indian dental colleges who qualified more than 5 years ago, biomedical sciences knowledge (particularly pharmacology and microbiology) tends to be the weakest area. The ADC tests applied biomedical science — not just definitions but clinical implications.

- **Pharmacology:** focus on drug-drug interactions relevant to dental practice, local anaesthetic pharmacology and toxicity, antibiotic prescribing in dentistry (particularly penicillin allergy alternatives), and sedation agents
- **Microbiology:** oral microbiome, periodontal pathogens, endodontic microbiology, sterilisation efficacy against specific organisms, prion disease management in dental instruments
- **Anatomy:** applied head and neck anatomy — nerve supply of the teeth and supporting structures, anatomical variations that affect local anaesthesia, maxillary sinus relationship to upper teeth
- **Pathology:** oral mucosal lesions and their differential diagnosis, periapical lesion interpretation, bone pathology radiographic features

## Restorative Dentistry and Prosthodontics

These are typically strong areas for Indian graduates but the ADC tests Australian material standards and protocols. Key differences to note:

- Amalgam: the ADC still tests amalgam knowledge but Australia is moving towards amalgam-free practice — know both traditional and contemporary materials
- Composite resin: incremental placement technique, polymerisation shrinkage management, shade selection, matrix systems for Class II restorations
- Complete denture construction: impression techniques, jaw registration, tooth selection — ADA guidelines differ from some Indian textbook approaches in specific areas
- Implant-supported prosthetics: foundational knowledge of implant components, osseointegration principles, and common complications is now expected in the ADC

## Periodontics

Periodontics is a major component of the ADC examination. The 2026 examination reflects the 2018 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions — Indian textbooks that pre-date 2019 use the old classification system and will not prepare you correctly.

- Ensure you know and can apply the 2018 periodontal classification (stages and grades)
- Understand the evidence base for non-surgical vs surgical periodontal treatment decision-making

- Systemic disease and periodontal disease relationships: diabetes, cardiovascular disease, pregnancy
- Peri-implant mucositis and peri-implantitis: diagnosis, risk factors, management

## Endodontics

Endodontics questions in the ADC Written Examination focus heavily on diagnosis, case selection, and complication management rather than procedural technique (which is assessed in the practical examination).

- Pulp sensibility testing: electric pulp testing, cold testing, heat testing — interpretation of results
- Periapical lesion classification: periapical periodontitis, periapical abscess, periapical cyst — radiographic and clinical differentiation
- Retreatment indications: when to retreat vs extract; prognosis assessment
- Irrigant knowledge: sodium hypochlorite, EDTA, chlorhexidine — properties, limitations, accidents

## 2.4 ADC Practical Examination: The Inside Guide

The ADC Practical Examination is described by successful candidates as 'the hardest professional examination I have ever sat — but fair.' The following insights come from Indian dentists who have passed the practical examination and from coaching providers who prepare candidates in Melbourne.

## Station Types You Will Encounter

Station Type	What Is Assessed
Class I cavity preparation on typodont	Outline form, internal geometry, margins — assessed against strict criteria
Class II composite resin restoration	Matrix placement, incremental build-up, anatomical form, contact point
Full-coverage crown preparation	Taper, occlusal reduction, chamfer margin, smooth finish
Rubber dam placement	Speed, correct positioning, clamp selection — most common fail station for Indian graduates
Endodontic access cavity	Access outline, roof removal, taper — assessed on extracted tooth or typodont
Periodontal debridement station	Instrument selection, adaptation, calculus detection and removal
Patient management scenario	Communication skills, consent, treatment planning — assessed

	by assessors watching and questioning
Dental emergency scenario	Recognition and management of anaphylaxis, angina, hypoglycaemia in dental context

### **The Rubber Dam Reality: Why This Station Fails So Many Indian Graduates**

Rubber dam use is standard of care in Australian dentistry for endodontics and complex restorative procedures.

Many Indian dental colleges and clinics do not teach or use rubber dam routinely. Graduates arrive at the ADC practical examination having used rubber dam only a handful of times.

The ADC assessors are not just looking for whether you can place the dam — they are assessing your efficiency, correct clamp selection, and professional attitude towards the technique.

Solution: practise rubber dam placement daily for at least 8 weeks before your examination date. Use a typodont or extracted teeth. Time yourself. 5 minutes from setup to completed isolation should be achievable.

Melbourne coaching courses dedicate significant time to rubber dam — this is one of the primary reasons coaching course graduates pass at higher rates.

## **Recommended Melbourne Coaching Providers (2026)**

The following types of coaching programs are available for ADC Practical Examination preparation. Verify current availability and pricing directly with providers as programs change:

- Residential intensive programs (3–4 weeks): Full-time clinical skills training in a Melbourne facility; highest pass rates; most expensive (AUD 8,000–12,000); accommodation may be included
- Weekend intensive programs (3–4 weekends): For candidates who cannot commit to a residential program; less intensive but significant benefit over self-study; typically AUD 3,500–6,000
- Online preparation programs: Theory-based; useful supplement but cannot replace hands-on preparation; available from AUD 500–2,000
- Private tutoring: Some Melbourne-based dental educators offer individual coaching; expensive but highly tailored; search Gumtree and ADC candidate Facebook groups for referrals

## CHAPTER 3

# Conquer the English Test: IELTS, OET and How to Choose

*Your English score is the first gate — and the wrong choice costs you months*

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English language proficiency is a mandatory requirement at multiple stages of the Australian migration and professional registration process. Understanding which test to take — and which scores are required for which purpose — is critical. Many Indian dentists waste months retaking the wrong test at the wrong level.

## 3.1 English Language Requirements: The Two-Track System

Australian immigration and dental registration have separate English language requirements. You must meet both, and they are not always satisfied by the same test score.

Purpose	Required Standard
ADC Initial Assessment	IELTS Academic: minimum 7.0 in all four bands (Reading, Writing, Listening, Speaking), or OET minimum B in all components

AHPRA Registration	Same as ADC — IELTS 7.0 all bands or OET B all components, within 24 months of application
Visa Application (Subclass 189/190/491)	Competent English minimum: IELTS 6.0 all bands, or OET B all, or TOEFL iBT 64/36/35/36+
Points claim — Proficient English	IELTS 7.0 all bands or OET B (earns 10 bonus points)
Points claim — Superior English	IELTS 8.0 all bands (earns 20 bonus points — worth pursuing)

### 3.2 IELTS Academic vs OET: Which Should Indian Dentists Choose?

Factor	IELTS Academic vs OET
Content of reading/writing material	IELTS: general academic; OET: healthcare-specific — dentistry scenarios
Advantage for dentists	OET — healthcare vocabulary, patient scenarios feel familiar
Cost (2026 approximate)	IELTS: AUD 385 / INR 21,000; OET: AUD 587 / INR 32,000

Frequency of test dates	IELTS: 48 sessions/year in major Indian cities; OET: monthly, computer-based
Score validity	Both accepted for 24 months by AHPRA/ADC
Preparation materials availability	IELTS: extensive; OET: growing but still limited
Indian candidate pass rates at required level	IELTS 7.0: approximately 35–45% of dental candidates; OET B: approximately 50–60%
Recommendation for dentists with strong clinical vocabulary	OET
Recommendation for dentists who test well in academic format	IELTS

### **Score Strategy: Why You Should Aim for IELTS 8.0 or OET A**

The difference between IELTS 7.0 (Proficient) and IELTS 8.0 (Superior) is 10 bonus points in the skilled migration points test.

At current invitation rounds, 10 extra points is often the difference between receiving an invitation in 3 months versus 18 months.

If you are a confident English speaker, prepare for IELTS 8.0 or OET A from the outset — do not aim for the minimum.

### 3.3 Preparation Strategies for Indian Dental Graduates

Indian dental graduates from English-medium colleges have a strong foundation. The challenge is usually not comprehension but rather the specific academic writing conventions that IELTS rewards, and the timed speaking performance that catches candidates off guard.

#### IELTS Preparation: 90-Day Plan

- Days 1–30: Diagnostic testing (Cambridge IELTS books 13–18). Identify your weakest band.
- Days 1–30: Build academic reading speed — minimum 350 words per minute with comprehension.
- Days 31–60: Writing Task 1 and Task 2 practice with examiner feedback (online tutors available at INR 1,500–3,000/hr).
- Days 31–60: Speaking practice with a partner — record yourself, review for fluency and vocabulary range.
- Days 61–90: Full timed mock examinations (minimum 8 complete mocks before test day).
- Days 61–90: Listening — BBC World Service podcasts daily (natural British accent, medical content available).

## OET Preparation: 90-Day Plan

- Days 1–30: Review all OET sub-test formats. Download official OET preparation materials from oet.com.
- Days 1–30: Practice dental-specific case notes, referral letters, discharge summaries — the OET writing section requires a letter based on case notes.
- Days 31–60: Reading — focus on healthcare journal articles (British Dental Journal, ADA Journal) to build relevant vocabulary.
- Days 31–60: OET speaking — role play patient consultations including history taking, explanation of procedures, and informed consent. Practice with another healthcare professional.
- Days 61–90: Mock OET tests under timed conditions. Focus on the B score in all components.

## 3.4 Test Centres and Booking in India

City	IELTS & OET Test Centres Available
Mumbai	British Council, IDP (IELTS); OET computer-based available
Pune	British Council, IDP; OET computer-based
Delhi / NCR	British Council, IDP; OET computer-based
Bangalore	British Council, IDP; OET computer-based

Chennai	British Council, IDP; OET computer-based
Hyderabad	British Council, IDP; OET computer-based
Ahmedabad	IDP; OET computer-based
Kolkata	British Council, IDP; OET computer-based

Book your test date as early as possible — preferred slots in major cities fill 4–6 weeks in advance. If you are aiming for a specific ADC application submission date, work backwards from that date to determine when your test scores must be ready, then book accordingly.

## CHAPTER 4

# AHPRA Registration Mastered: From Application to Approval

*The step that transforms your ADC success into an Australian licence to practise*

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Passing the ADC examinations is a major achievement — but it does not, by itself, allow you to practise dentistry in Australia. The final step before you can work as a registered dentist is obtaining registration with the Australian Health Practitioner Regulation Agency (AHPRA), under the Dental Board of Australia.

## 4.1 What Is AHPRA and Why Does It Matter?

AHPRA is the national regulatory body that manages registration for 16 health professions in Australia, including dentists, dental specialists, dental hygienists, dental therapists, and oral health therapists. The Dental Board of Australia sits within AHPRA and sets the standards for dental registration.

Without AHPRA registration, you cannot legally perform any act that constitutes dental practice in Australia. This includes private and public sector employment, locum work, and even voluntary clinical work. AHPRA registration is non-negotiable.

## 4.2 AHPRA Registration Categories

Registration Type	Who Applies
General Registration	Dentists who have completed the ADC pathway and meet all AHPRA requirements — this is what Indian BDS graduates apply for
Specialist Registration	Available after completing Australian specialist training; requires a different referral pathway
Limited Registration	For dentists working in specific supervised or supervised settings — temporary, used in some employer-sponsored arrangements
Non-practising Registration	For dentists not currently practising but maintaining their registration status

## 4.3 AHPRA General Registration: Requirements and Process

To obtain AHPRA General Registration as an Indian dentist, you must have completed the ADC pathway successfully. The following requirements must be met simultaneously at the time of application:

- Successful completion of ADC Written and Practical Examinations (ADC Outcome Statement required)
- English language proficiency: IELTS 7.0 all bands or OET B all components (must be within 24 months of application)
- Criminal history declaration: you must declare all criminal charges, convictions, and findings in all countries
- Health declaration: you must disclose any impairment that could affect your ability to practise safely
- Professional indemnity insurance: you must have, or be covered by, professional indemnity insurance before practising
- Current address and contact details in Australia

Step	Action and Timeline
1. Create AHPRA online account	Create account at <a href="http://ahpra.gov.au">ahpra.gov.au</a> — allow 1 day
2. Complete online application	Answer all sections including health and criminal history declarations — allow 2–4 hours
3. Upload supporting documents	ADC outcome statement, English test results, ID documents, photo — certified copies

4. Pay registration fee	AUD 860 (2026 annual registration fee — verify at <a href="http://ahpra.gov.au">ahpra.gov.au</a> )
5. AHPRA assessment period	4–8 weeks for standard applications; longer if additional information requested
6. Receive registration certificate	Emailed notification; appears in public register within 2 business days of registration
7. Activate professional indemnity insurance	Required before first day of practice — employer may provide; confirm before starting work

## 4.4 Criminal History Checks: What Indian Dentists Need to Know

AHPRA requires criminal history checks from every country in which you have lived for 12 months or more since the age of 18. For Indian dentists, this means a criminal history check from India (via the National Crime Records Bureau — NCRB) and from any other country where you have resided.

### **Important: The NCRB Process**

The National Crime Records Bureau of India issues Criminal Record Certificates (CRC) for overseas use.

Apply online at [ncrb.gov.in](http://ncrb.gov.in) — the process takes 15–30 business days.

The certificate must be apostilled by the Ministry of External Affairs (MEA) to be valid for AHPRA.

Some dentists who have done postgraduate work in a third country will need separate criminal checks for that country.

Start this process early — NCRB processing is the most common cause of AHPRA application delays.

## 4.5 Professional Indemnity Insurance for Dentists in Australia

Professional indemnity insurance (PII) is mandatory for all practising dentists in Australia. Most employers — whether private clinics, dental chains, or public health departments — include PII coverage in your employment contract. However, you remain personally responsible for ensuring you are covered at all times.

If you are working as an employee (not as an independent contractor), your employer's PII generally covers you. If you are working as an independent contractor or locum, you must obtain your own PII policy. The Australian Dental Association (ADA) offers group PII policies, as do major insurers like Avant Mutual and MDA National.

## **4.6 Continuing Professional Development (CPD) Requirements**

Once registered, Australian dentists must complete a minimum of 60 hours of CPD over a 3-year registration period, with at least 20 hours of verifiable CPD (formal learning activities with documentation). This is similar to the requirements in many other countries, and the ADA provides extensive CPD resources.

## CHAPTER 5

# Visa Strategies That Work: Every Pathway for Indian Dentists in 2026

*Choosing the wrong visa costs you years — this chapter ensures you choose correctly*

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The Australian skilled migration system offers multiple visa pathways for Indian dentists. The right pathway depends on your specific circumstances — your age, your points score, whether you have an employer willing to sponsor you, whether you are willing to work regionally, and your family situation. This chapter covers every pathway available in 2026.

## 5.1 Overview: The Main Visa Pathways for Dentists

Visa Subclass	Pathway Type
Subclass 189 — Skilled Independent	Points-based, no state nomination required; strongest visa; permanent residence immediately
Subclass 190 — Skilled Nominated	Points-based + state/territory nomination; 5 points advantage; permanent residence immediately
Subclass 491 — Skilled Work	Points-based + state/territory or family nomination; requires 3

Regional (Provisional)	years regional work; leads to 191 PR
Subclass 482 — Temporary Skill Shortage (TSS)	Employer-sponsored; short-term (2 years) or medium-term (4 years) streams; leads to 186 PR
Subclass 186 — Employer Nomination Scheme (ENS)	Employer-sponsored PR; direct entry stream available; employer must meet requirements
Subclass 494 — Skilled Employer Sponsored Regional	Employer in regional area + skills assessment; provisional visa, leads to 191 PR after 3 years

## 5.2 Subclass 189 — Skilled Independent Visa

<b>Legal Strategy Snapshot — Subclass 189</b>
Best used when: Age 25–32, IELTS 8.0 all bands, 8+ years overseas experience, no family complication — i.e. when your points score is 85+ independently.
Risk points: Competitive invitation rounds mean long waits at lower scores; no state nomination to boost points; health/character requirements apply at visa stage.
Typical sequencing for ADC candidates: Complete ADC → AHPRA → Submit EOI → Wait for invitation (3–18 months depending on score) → Lodge visa → Grant.

The Subclass 189 is the most sought-after visa because it grants permanent residence immediately without any regional work

requirement or ongoing employer obligation. You are free to live, work, and study anywhere in Australia.

To receive a 189 invitation, your skills must be assessed by the ADC and your EOI (Expression of Interest) submitted through SkillSelect. Invitations are issued by DIBP based on your points score and the specific occupation's invitation rounds. Dentistry is on the MLTSSL (Medium and Long-term Strategic Skills List), making it eligible for the 189.

Key Element	Details
Visa type	Permanent residence — granted immediately on visa grant
Skills assessment authority	Australian Dental Council (ADC)
ANZSCO codes	252312 (Dentist); 252311 (Dental Specialists)
Occupation list	MLTSSL (eligible for 189, 190, 491, 186, 482)
Invitation mechanism	Expression of Interest (EOI) via SkillSelect — ranked by points
Minimum points to lodge EOI	65 points
Current typical invitation score (Dentist 252312)	In recent rounds, competitive EOI scores have typically

	been in the 85–90 range — verify current rounds at <a href="http://homeaffairs.gov.au">homeaffairs.gov.au</a>
Visa fee (primary applicant)	AUD 4,640 (2026 — verify at <a href="http://homeaffairs.gov.au">homeaffairs.gov.au</a> )
Processing time (standard)	12–24 months from application lodgement
Secondary applicant fee	AUD 2,320 per adult, AUD 1,160 per child

### 5.3 Subclass 190 — State Nominated Visa

<b>Legal Strategy Snapshot — Subclass 190</b>
Best used when: You need 5 extra points to reach a competitive score; you have a genuine intent to live in the nominating state; you want PR immediately on visa grant without a regional work commitment.
Risk points: Must demonstrate genuine intent to reside in nominating state for 2 years; state occupation lists change without notice; some states require a job offer.
Typical sequencing for ADC candidates: ADC → AHPRA → Apply for state nomination (4–12 weeks) → Receive nomination letter → Lodge 190 visa application.

The Subclass 190 provides an additional 5 points bonus from state/territory nomination. For dentists who need those 5 points to be competitive, or who want the security of a nomination rather than waiting for 189 invitation rounds, the 190 is highly attractive.

Each state and territory runs its own nomination program with its own occupation lists and requirements. Most states in 2026 have dentists on their occupation lists given the national shortage. However, some states require that you have a genuine intention to live and work in that state.

<b>State by State: 2026 Dentist Nomination Availability</b>
Queensland: Dentist 252312 on occupation list — nomination available for skilled workers intending to live in Queensland
Western Australia: Subclass 190 nominations open for dentists — strong demand, particularly regional WA
South Australia: Dentist on occupation list — SA state nomination includes commitment to living in SA
Tasmania: Dentist on occupation list — smaller intake but very fast processing
Victoria: Occupation lists change frequently — verify at <a href="http://migrate.vic.gov.au">migrate.vic.gov.au</a>
New South Wales: Selective nominations — check <a href="http://nsw.gov.au/skilled-migration">nsw.gov.au/skilled-migration</a> regularly
ACT: Dentist on ACT Critical Skills List — available to dentists with genuine need for ACT nomination
Northern Territory: Very strong demand — nomination often available with regional commitment
Note: All state nomination availability changes without notice. Verify before submitting EOI.

## 5.4 Subclass 491 — Skilled Work Regional (Provisional)

### Legal Strategy Snapshot — Subclass 491

Best used when: You need maximum points boost (15 points vs 5 for 190); you are willing and able to live/work in a designated regional area for 3 years; you want faster invitation and are comfortable with a 2-stage visa (491 provisional → 191 PR).

Risk points: Provisional visa — PR is not immediate; 3-year regional living and income threshold (AUD 53,900/year) must be met for 191 application; if you leave the regional area before 3 years, your 191 pathway is affected.

Typical sequencing: ADC → AHPRA → State/territory 491 nomination → Lodge 491 → Work regionally 3 years → Apply for 191 PR.

The 491 is increasingly popular among Indian dentists because it is easier to obtain an invitation than the 189 or 190, and regional dental practice in Australia is genuinely well-remunerated — often better than metropolitan practice when regional bonuses are factored in.

The 491 is a provisional visa. It requires you to live and work in a designated regional area of Australia for at least three years before you can apply for the Subclass 191 (Permanent Residence — Skilled Regional). The 491 is valid for five years.

Factor	Subclass 491 Details
Visa type	Provisional (5 years) — leads to Subclass 191 (PR) after 3 years
Points bonus from nomination	15 additional points (vs 5 for Subclass 190)
Regional work requirement	Must live and work in a designated regional area for 3 years minimum
Income requirement for 191	Must earn at least AUD 53,900 annually during the 3-year period
Regional areas included	All of Australia except Sydney, Melbourne, Brisbane, Perth, and Gold Coast CBDs
Visa fee	AUD 4,640 primary applicant
Family members	Included on 491 — also subject to regional living requirement

## 5.5 Employer-Sponsored Pathways: TSS 482 and ENS 186

### Legal Strategy Snapshot — TSS 482 / ENS 186

Best used when: You have a confirmed employment offer from an approved Australian dental employer; your points score is not competitive for invitation; your age is 36+ reducing points advantage.

Risk points: You are tied to a specific employer — changing jobs requires a new visa or nomination; if employer closes or restructures, your visa status is at risk; market salary obligations must be met by employer.

Typical sequencing: Secure employer → Employer applies for SBS approval and nomination → Lodge TSS 482 → Work for same employer 3 years → Apply ENS 186 PR.

Employer-sponsored pathways offer an alternative route for dentists who have a confirmed employment offer from an Australian dental employer. These pathways bypass the points-tested invitation system entirely — but they tie you to a specific employer and carry obligations.

The TSS Subclass 482 (Medium-term stream, up to 4 years) is available for dentists in shortage occupations. The employer must be approved as a Standard Business Sponsor (SBS), must demonstrate a genuine need, and must pay you the market salary rate. After working for the same employer for 3 years (in some cases 2 years), you can apply for the ENS Subclass 186 (permanent residence).

### **Employer-Sponsored Route: Pros and Cons for Indian Dentists**

PRO: You can start working and earning in Australia while still completing the ADC pathway (on a provisional arrangement in some states)

PRO: Employer may assist with visa costs and relocation

PRO: No points competition — bypasses the invitation queue
CON: You are tied to one employer — changing jobs requires a new visa or nomination
CON: If the employer's business closes or changes direction, your visa status is at risk
CON: Some employers use the sponsorship obligation as leverage to underpay — insist on market rates and get independent advice
RECOMMENDATION: Employer sponsorship is best used as a stepping stone to PR via the ENS 186 — plan your 3-year commitment with the end in mind

## 5.6 The Visa Application Process: Step by Step

Once you have received an invitation to apply (via SkillSelect for points-tested visas, or a nomination letter for state-nominated visas), you must lodge a formal visa application within 60 days. Here is the complete application process:

Step	Action Required
Step 1: Receive invitation/nomination	Log in to SkillSelect to accept the invitation and receive your Application ID
Step 2: Create ImmiAccount	Register at <a href="https://immi.homeaffairs.gov.au">immi.homeaffairs.gov.au</a> — this is where you lodge and track your visa application

Step 3: Complete visa application form	Subclass 189/190/491 forms are online within ImmiAccount — answer all questions fully and accurately
Step 4: Gather documents	See full document list in Section 5.7 below
Step 5: Submit health examinations	Log in to HAP (Health Assessment Portal) — your panel doctor in India completes a migration medical for you and all family members listed on the application. Book early — delays are common.
Step 6: Obtain police clearances	Australian Federal Police (AFP) clearance via <a href="http://acic.gov.au">acic.gov.au</a> . NCRB clearance from India — apostilled. Clearances from all other countries of 12+ months residence.
Step 7: Pay visa application charge	Online via credit/debit card. Primary applicant AUD 4,640; secondary adult AUD 2,320; secondary child AUD 1,160 (2026 fees — verify at <a href="http://homeaffairs.gov.au">homeaffairs.gov.au</a> )
Step 8: Provide biometrics (if required)	Some applicants are requested to provide biometrics at an Australian Visa Application Centre

Step 9: Respond to requests for further information	DIBP may request additional documents or clarification during assessment — respond within the timeframe given
Step 10: Receive visa grant decision	Visa grant is notified via ImmiAccount and email. Check your spam folder.

## 5.7 Document Checklist for Skilled Visa Application

Document Category	Specific Documents Required
Identity	Current passport (all pages), birth certificate, previous passports if different name used
Skills assessment	ADC Initial Assessment outcome letter (or full assessment letter if available)
English language	Current IELTS or OET results (within 3 years of application for 189/190/491)
Work experience	Statutory declaration from each employer, on letterhead, detailing role/dates/hours/duties. PLUS: payslips, employment contracts, or tax documents supporting each period
Qualifications	Certified copies: BDS degree certificate, academic transcripts,

	internship certificate. Any postgraduate qualifications.
Registration	Indian dental council registration certificate — Good Standing Certificate — current at time of application
State nomination (if applicable)	State/territory nomination letter (must be current — nominations expire)
Health	Completed health examinations via HAP — results submitted directly to DIBP by panel doctor
Police clearances	AFP clearance + NCRB clearance + clearances from all other countries of 12+ months residence (all apostilled)
Family	Marriage certificate (if applicable); children's birth certificates; documents for any other dependants
Photographs	Passport-size photographs for all applicants meeting DIBP specifications
Translation	Certified English translation required for all documents NOT in English

### **Critical: Document Certification Requirements**

All copies of original documents must be certified as true copies by an authorised person (Justice of the Peace in Australia, Notary Public in India, or similar authorised authority).

Documents originally in languages other than English must be accompanied by a certified translation prepared by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.

Do not submit uncertified photocopies — this is a common cause of application delays and requests for further information.

For documents obtained in India, apostilled copies certified by the Ministry of External Affairs (MEA) are generally accepted.

## CHAPTER 6

# Points Maximisation: How to Score 80+ and Guarantee an Invitation

*Every point counts — this chapter shows exactly how to earn more of them*

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The Australian skilled migration points test is the mechanism by which the Department of Home Affairs ranks skilled visa applicants. Understanding how every point is earned — and strategically planning your profile to maximise your score — is the single most important planning activity you will undertake.

## 6.1 The Full Points Table for Skilled Migration

The points test below reflects the skilled migration schedule as of February 2026. Points values and eligibility thresholds change — always verify the current schedule at [homeaffairs.gov.au](http://homeaffairs.gov.au) before calculating your score.

Points Factor	Points Available
Age 18–24	25 points
Age 25–32	30 points (maximum)
Age 33–39	25 points
Age 40–44	15 points
Age 45–49	0 points

Age 50+	0 points (not invited for 189)
English — Competent (IELTS 6.0 all)	0 points
English — Proficient (IELTS 7.0 all)	10 points
English — Superior (IELTS 8.0 all)	20 points
Overseas work experience (skilled) 3–4 years	5 points
Overseas work experience (skilled) 5–7 years	10 points
Overseas work experience (skilled) 8+ years	15 points
Australian work experience 1 year	5 points
Australian work experience 3–4 years	10 points
Australian work experience 5–7 years	15 points
Australian work experience 8+ years	20 points
Educational qualifications — PhD	20 points

Educational qualifications — Bachelor or higher (not PhD)	15 points
Australian study (2+ years regional)	5 points
Specialist education qualification	10 points
State/territory nomination (190)	5 points
State/territory nomination (491)	15 points
Family sponsor in regional area (491)	15 points
Community language accreditation	5 points
Study in regional Australia (2+ years)	5 points
Partner skills — assessed and under 45	10 points
Partner — Competent English	5 points

## 6.2 Points Strategy for a Typical Indian Dentist Profile

<b>Case Study: Dr. Anil Mehta, 29 Years Old, 5 Years Experience</b>
Age 25–32: 30 points
BDS degree: 15 points
English — Proficient (IELTS 7.5 all bands): 10 points
Overseas work experience 5–7 years: 10 points
State/territory nomination (190): 5 points
TOTAL: 70 points — currently borderline for invitation (most rounds cut off at 80+)
Gap analysis: Dr. Anil needs 10–15 more points. Strategy: Achieve IELTS 8.0 (gain 10 more) = 80 points. OR: Australian work experience (move to 491, work in regional area for 12 months, gain 5 points Australian experience + 15 for 491 nomination = 85+ total)

## 6.3 The Most Impactful Points Strategies for Dentists

### Strategy 1: Upgrade English to Superior

IELTS 8.0 all bands earns you 20 points instead of 10 for Proficient — a gain of 10 points. For dentists who are strong in English, this is the fastest and cheapest way to increase your

score significantly. Invest 3 additional months of preparation specifically targeting 8.0.

## **Strategy 2: Pursue State Nomination for 190 or 491**

State nomination adds 5 points (190) or 15 points (491). If you are willing to live in a regional area for three years, the 491 nomination is transformative — adding 15 points to your score while also typically providing better employment opportunities and earnings in regional dental practice.

## **Strategy 3: Gain Australian Work Experience**

If you are already in Australia on a bridging or temporary visa, every year of Australian skilled work experience adds points. One year earns 5 points; three years earns 10 points; five years earns 15 points. Combining this with an IELTS upgrade and state nomination can push profiles from 70 to 90+ points.

## **Strategy 4: Include a Skilled Partner**

If your spouse has a skills assessment in any eligible occupation and holds Competent English or better, you earn 5–10 additional points. For dental couples both pursuing Australian registration, this is highly advantageous.

## **Strategy 5: Specialist Qualification (MDS or equivalent)**

If you hold an MDS in a dental specialty, you may be eligible to claim specialist education qualification points. Verify with your migration consultant whether your MDS is assessed as a specialist qualification for points purposes — not all MDS degrees qualify automatically.

## 6.4 How EOI Invitations Work in Practice

Your Expression of Interest (EOI) in SkillSelect is not a first-come-first-served queue. Each occupation has invitation rounds, typically monthly, and invitations go to the highest-scoring applicants in each round. If two applicants have identical scores, the one who submitted their EOI earlier receives the invitation.

This means that once you have optimised your points score, you should submit your EOI immediately. Do not wait. Every month of delay is a month that others with the same score are moving ahead of you in the queue.

## CHAPTER 7

# State Nomination Secrets: Which State Picks Dentists Fastest

*Not all nominations are equal — strategy here saves 6–18 months*

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State and territory nomination is one of the most powerful tools available to Indian dentists pursuing Australian permanent residence. But with eight states and territories, each running separate nomination programs with different requirements, quotas, and processing speeds, choosing the right state requires research and strategy.

## 7.1 How State Nomination Programs Work

Each Australian state and territory has its own nominated migration program, which allows it to nominate skilled workers for the Subclass 190 or Subclass 491 visa. States are allocated a quota of nominations annually by the federal government, and they prioritise occupations in local demand.

Nomination does NOT guarantee a visa. It adds points to your EOI score (5 for 190, 15 for 491) and requires you to submit a separate visa application to the Department of Home Affairs, where you may still be subject to health, character, and English language checks.

## 7.2 State-by-State Analysis for Dentists in 2026

State occupation lists and nomination availability change without notice — sometimes monthly. The table below reflects the position as of February 2026. Always verify current availability directly with each state migration authority before lodging an application.

State/Territory	Dentist Nomination (190/491)	Key Features for Dentists
Queensland	190 and 491 — active	Strong demand particularly in regional QLD; no job offer required for most rounds; commitment to living in QLD required
Western Australia	190 and 491 — active	Skilled Migration WA — very responsive program; growing dental workforce shortage; strong regional incentives in Kimberley, Pilbara, and Goldfields regions
South Australia	190 and 491 — active	Commitment to living in SA required; some rounds require job offer; Adelaide is a

		very liveable city for Indian families
Tasmania	190 and 491 — active	Small quota but fast processing; Tasmanian community is actively seeking dentists; excellent quality of life; regional 491 options strong
Northern Territory	190 and 491 — active	Very strong dental workforce shortage; highest regional incentives in Australia; Indigenous community health positions available; fastest 491 pathway to PR
Victoria	190 only (when open) — variable	Occupation list changes frequently; check <a href="http://migrate.vic.gov.au">migrate.vic.gov.au</a> regularly; Melbourne is Australia's largest dental market but nomination competitive
New South Wales	190 only — selective	Selective nominations; dentists not always on priority

		list; check <a href="http://skiliselect.nsw.gov.au">skiliselect.nsw.gov.au</a>
ACT	190 — ACT Critical Skills	Available for dentists with genuine connection to ACT; Canberra is well-serviced but has specific nomination criteria

### Key Strategic Insight: Northern Territory and Tasmania Offer Fastest Timelines

For dentists willing to live outside the major metropolitan areas, the Northern Territory and Tasmania consistently offer the fastest nomination processing times — often 4–8 weeks for EOI to nomination letter.

The NT's dental workforce shortage is severe — dentists in Darwin earn competitive salaries comparable to or exceeding Sydney rates, with lower cost of living.

Tasmania's Hobart and Launceston are increasingly popular with Indian families — affordable housing, safe communities, strong schools.

## 7.3 How to Select the Right State: Decision Framework

The right state for your nomination depends on four factors: your family situation, your career stage, your income requirements,

and your willingness to commit to the nominated region. Use this decision framework:

- IF you have young children and prioritise schooling quality and community: South Australia (Adelaide) or Queensland (Brisbane and regional areas) are strong choices.
- IF you want maximum points and fastest PR timeline: Northern Territory or Tasmania 491 nomination — 15 extra points, fastest PR pathway.
- IF your partner is also a healthcare professional: Western Australia has strong demand for both and employer support programs.
- IF you have an employer offer from a regional clinic: use whichever state's 491 nomination applies to that region.
- IF you are already living in Australia on a temporary visa: apply for the state where you currently reside or work to demonstrate genuine intent.

## 7.4 Detailed State Profiles: Dental Practice Environment

### Queensland: Sun, Growth, and Dental Opportunity

Queensland is Australia's third-largest state by population and its fastest-growing. The South East Queensland (SEQ) corridor — stretching from the Sunshine Coast through Brisbane to the Gold Coast — is experiencing explosive residential growth, creating significant demand for dental services. Regional

Queensland — Cairns, Townsville, Mackay, Rockhampton, Toowoomba — has severe dental shortages and the state government actively recruits overseas-trained dentists for Queensland Health positions.

Queensland Health runs a specific Overseas Qualified Dentist Recruitment program that connects overseas-trained dentists with supervised clinical positions and supports their pathway to full AHPRA registration. Contact Queensland Health's workforce team directly at [qh.gov.au](http://qh.gov.au) for current opportunities.

## **Western Australia: The Resource State with a Dental Gap**

Western Australia's economy has been transformed by the resources sector, and its dental workforce has not kept pace with population growth — particularly in regional mining communities in the Pilbara, Kimberley, and Goldfields regions. Dentists in these areas can earn AUD 200,000–350,000 from salary and allowances, with free or subsidised housing, and flight allowances back to Perth.

Perth itself is increasingly attractive for Indian families — lower cost of living than Sydney or Melbourne, excellent Indian community infrastructure, strong public schooling, and a growing healthcare sector. Skilled Migration Western Australia (SMWA) processes applications within 8–12 weeks for dentists on their priority list.

## **South Australia: The Most Liveable Large City for Indian Families**

Adelaide consistently wins liveability awards and is frequently described by Indian dentists who have settled there as 'the best decision we made.' Housing is affordable (median house price approximately AUD 700,000 in 2026 vs AUD 1.4M in Sydney), Indian community infrastructure is excellent, schools are strong, and commuting times are minimal.

South Australia has a strong health sector anchored by the Royal Adelaide Hospital and the Women and Children's Hospital. The SA Dental Service provides public dental care and employs dentists on salary. Private practice opportunities are growing in the outer northern and southern suburbs. SA's nomination program typically requires a commitment letter and evidence of genuine intention to live in SA.

## **Tasmania: Hidden Gem for Dentists Willing to Go South**

Tasmania is Australia's island state and its most underrated migration destination. Hobart and Launceston have excellent quality of life, affordable housing (median house price approximately AUD 600,000 in Hobart, significantly less in Launceston), strong Indian communities relative to population size, and a genuine, pressing dental workforce shortage.

Tasmania's nomination program has historically been one of the fastest in Australia for dentists — some applicants have received nomination within 4–6 weeks of expression of interest. The

Tasmanian government's Migration Tasmania team is approachable and actively assists skilled migrants. A dental practice in Launceston or the Tasmanian north-west coast is an excellent foundation for practice ownership aspirations within 5 years.

## 7.5 State Nomination Application: What Documents You Will Need

While each state has specific requirements, the following documents are required by virtually all state nomination programs:

Document	Notes
Positive skills assessment from ADC	Required — must be current. Initial Assessment outcome from ADC is the minimum.
Valid EOI in SkillSelect	You must have a current EOI submitted before applying for state nomination.
English language test results	IELTS or OET results meeting the minimum standard (usually IELTS 7.0 or OET B all components)
Commitment statement/statutory declaration	Most states require a written statement of intention to live and work in the state. Be genuine and specific — vague statements are rejected.

Employment evidence (for states requiring a job offer)	Job offer on employer letterhead, signed by both parties, specifying position, salary, and commencement date
Curriculum Vitae	Detailed professional CV covering all dental qualifications and work experience
AHPRA registration (if already registered)	Provide registration certificate if you have already obtained AHPRA registration
Passport copy	All pages, clear and certified
Evidence of connection to state	Some states require this: bank statements, tenancy agreements, employer correspondence

### **Common Reasons State Nominations Are Refused for Dentists**

Insufficient evidence of genuine commitment to live in the nominated state (commitment statement too vague or clearly templated)

EOI points score too low to be competitive in that state's current invitation rounds

Occupation temporarily removed from or restricted on the state occupation list (check before applying — lists change without notice)

Application submitted with missing or non-certified documents

English language test results expired or not meeting the state's specific threshold

Applying to multiple states simultaneously where this is prohibited — check each state's rules carefully

## CHAPTER 8

# The PER Advantage: Your Personalised Migration Blueprint

*Why a generic plan fails — and what a tailored assessment changes*

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Every Indian dentist's migration journey is unique. Your age, your current registration status, your family circumstances, your points score, your English level, your specialty (if any), your existing work experience, and your financial capacity all interact to determine your optimal pathway. A generic checklist cannot account for these combinations — and following generic advice is one of the most common reasons Indian dentists waste 12–18 months pursuing the wrong pathway.

### **Transparency Note: PER is Optional — Not Required by Any Regulator**

A Personal Evaluation Report (PER) from Dreamvisas is an optional professional requirement required by the ADC, AHPRA, or the Department of Home Affairs to apply for dental registration, or visa.

Many Indian dentists navigate the Australian migration pathway independently. The pathway is documented in this book and on official government websites.

A PER adds value specifically when your situation involves complexity, competing factors, or time pressure. If your profile is straightforward — young, high English proficiency — this book may be sufficient to plan independently.

When we believe you should seek professional advice: prior visa refusals, criminal history, age 35+, partner coordination, MDS specialist pathways, or sponsorship arrangements.

## 8.1 What Is a Personal Evaluation Report (PER)?

A Personal Evaluation Report is a detailed, individualised assessment of your migration options prepared by a qualified immigration consultant. At Dreamvisas, the PER for an Indian dentist covers:

- Points score calculation based on your actual documents and qualifications
- Identification of the fastest and most secure visa pathway for your specific profile
- State nomination strategy — which states to apply to, in which order, and what supporting evidence to prepare
- ADC examination timeline planning aligned with your visa strategy
- Risk assessment — identifying factors that could delay or jeopardise your application
- Family assessment — including partner visa options if applicable
- Financial planning guidance — expected costs at each stage
- Month-by-month action plan specific to your situation

<b>Who Needs a PER Most Urgently</b>
Dentists aged 33–39 where every month of delay costs points and years of maximum earnings potential
Dentists with complex family situations (dependent parents, children with special needs, divorced applicants)
Dentists who have already started the ADC process but are uncertain about next steps
Dental couples planning to apply together where coordination of timelines maximises both applications
Dentists with any criminal history, health conditions, or prior visa refusals or issues
MDS-qualified dentists uncertain about whether their specialist qualification earns additional points

For a professional assessment of your specific immigration case, consider a Personal Evaluation Report (PER) with Manoj Palwe at [dreamvisas.com](http://dreamvisas.com).

## CHAPTER 9

# Your 24-Month Migration Roadmap: Month-by-Month Action Plan

*Stop guessing. Start executing.*

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The following 24-month roadmap is the standard Dreamvisas planning template for Indian dentists pursuing the Subclass 190 or 491 pathway. Your specific timeline may vary based on your starting point — adjust the months accordingly but maintain the sequence.

## Phase 1: Foundation (Months 1–6)

### Month 1–2: Documentation and Assessment

- Order certified copies of all academic credentials from your dental college (BDS transcripts, degree certificate, internship completion certificate)
- Obtain a current Certificate of Registration/Good Standing from your State Dental Council
- Apply for NCRB Criminal Record Certificate — apostilled
- Book your IELTS or OET examination for Month 3
- Download and study the ADC Candidate Handbook from [adc.org.au](http://adc.org.au)
- Commission a Personal Evaluation Report (PER) from Dreamvisas to confirm your pathway

## **Month 3–4: English Language and ADC Initial Assessment**

- Sit your IELTS or OET examination — aim for IELTS 8.0 / OET A
- Receive results (2–4 weeks for IELTS; 2 weeks for OET computer-based)
- If scores meet requirements: submit ADC Initial Assessment application immediately
- If scores do not meet requirements: resit within 6 weeks while beginning ADC study
- Begin systematic ADC Written Examination study — minimum 2 hours daily

## **Month 5–6: ADC Initial Assessment Decision and Written Exam Preparation**

- Receive ADC Initial Assessment outcome (allow 6–12 weeks from submission)
- Register for ADC Written Examination session (check ADC calendar for available dates)
- Join an ADC study group — online groups for Indian candidates are active on Facebook and WhatsApp
- Complete at least two full practice examinations under timed conditions

## **Phase 2: Examinations (Months 7–14)**

### **Month 7–10: Written Examination Preparation Intensification**

- 4–6 hours daily study — increase to full exam simulation mode by Month 9
- Focus on weakest subject areas identified in practice examinations
- Review ADC examination reports published on [adc.org.au](http://adc.org.au) — they describe common failure areas
- Arrange travel and accommodation in Australia for the written examination

### **Month 11: ADC Written Examination**

- Sit ADC Written Examination (Papers 1 and 2)
- Results typically available 6–8 weeks after examination sitting

### **Month 12–14: Written Examination Results and Practical Preparation**

- **PASS:** Begin booking practical examination and researching Melbourne coaching programs
- **FAIL:** Analyse feedback, adjust study strategy, rebook next available sitting
- Research ADC Practical Examination coaching programs in Melbourne — book 3 months in advance

- Submit Expression of Interest (EOI) in SkillSelect now — even before practical examination — to begin accumulating queue time

## **Phase 3: Practical Examination and Visa Application (Months 15–22)**

### **Month 15–17: Practical Examination Preparation**

- Enrol in Melbourne coaching program (3–6 weeks residential if possible, or intensive weekend program)
- Practice rubber dam technique daily — leading cause of failure for Indian graduates
- Practise class II composite restorations on typodont to Australian technique standards
- Arrange flights, accommodation, and insurance for Melbourne examination period

### **Month 18: ADC Practical Examination**

- Sit ADC Practical Examination in Melbourne
- Results typically available 4–6 weeks after examination

### **Month 19–20: AHPRA Registration Application**

- PASS Practical Exam: lodge AHPRA registration application immediately
- Submit all required documents: ADC outcome statement, English test results, criminal checks, health declaration

- Pay AHPRA registration fee (AUD 860)
- AHPRA processing: 4–8 weeks
- Update EOI in SkillSelect with any new points factors (eg Australian work if applicable)

## **Month 21–22: State Nomination Application**

- Apply for state/territory nomination as soon as AHPRA registration confirmed
- Prepare supporting documents: employer offer letter (if available), commitment statement, skills assessment
- Apply to two states simultaneously if permitted (not all states allow this — check individual policies)

## **Phase 4: Visa Grant and Arrival (Months 23–24)**

### **Month 23: Receive Nomination and Lodge Visa Application**

- Receive state nomination letter — this triggers your points bonus
- Lodge visa application (Subclass 190 or 491) with Department of Home Affairs
- Submit health examinations (via HAP — Health Assessment Portal)
- Submit police clearances for all countries of residence
- Appoint a registered migration agent if you have not already done so

## **Month 24+: Visa Processing and Grant**

- Standard processing: 8–18 months after application lodgement
- Priority processing available in some circumstances — speak with your consultant
- Begin planning relocation: accommodation, shipping, school enrolment for children
- Activate professional indemnity insurance and confirm employment before departure
- Celebrate: you have achieved one of the most significant accomplishments of your professional life

## CHAPTER 10

# Life After Landing: Settling In Australia as an Indian Dentist

*The practical guide to your first 90 days — everything they do not tell you in the brochure*

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Congratulations — your visa is granted. You are about to begin a new chapter. The following is an honest, practical guide to your first 90 days in Australia, drawn from the experiences of Indian dentists who have made this journey through Dreamvisas.

## 10.1 Before You Land: Final Preparation Checklist

- Confirm your AHPRA registration is active — check the public register at [ahpra.gov.au](http://ahpra.gov.au)
- Confirm your professional indemnity insurance is in place before your first day of clinical work
- Arrange temporary accommodation for at least the first month — serviced apartments near your workplace are practical
- Set up an Australian bank account online before departure (ANZ, Commonwealth, NAB, and Westpac all allow pre-arrival account opening for migrants)
- Apply for a Tax File Number (TFN) online before arrival — you cannot be paid without one
- Register with Medicare as a permanent resident — your Australian PR visa grants immediate Medicare access

## 10.2 Employment: Finding Your First Australian Dental Position

Most Indian dentists who plan their migration well have at least a preliminary employment arrangement in place before landing. If you do not, the following channels are the most effective:

- Seek: Australia's largest job board — search 'dentist' filtered by location
- SEEK Healthcare: dedicated healthcare jobs section
- Australian Dental Association (ADA) job board at [ada.org.au](http://ada.org.au)
- Dental Employment Australia at [dentalemployment.com.au](http://dentalemployment.com.au)
- Locum agencies: Medacs, Global Medical Staffing, and Wavelength specialize in dental locum placements
- LinkedIn: connect with practice managers and dental chain HR — Bupa Dental, Pacific Smiles Group, and 1300Smiles all have active LinkedIn recruitment
- Dental networks: the Indian dentist community in Australia is active and supportive — connect with Indian Dentists Association of Australia (IDAA) chapters in your city

## 10.3 Understanding Australian Workplace Culture

Australian dental practice culture differs from Indian dental culture in important ways. Understanding these differences early prevents misunderstandings and helps you integrate effectively.

### **Cultural Workplace Insights: Indian to Australian Dental Practice**

**Hierarchy is flat:** You will address your employer, senior dentists, and support staff by first name. This is not disrespect — it is standard Australian workplace culture.

**Patient autonomy is paramount:** Australian patients expect detailed informed consent discussions. Time spent explaining options is expected and valued, not an imposition.

**Infection control standards are strictly enforced:** Rubber dam use, specific sterilisation protocols, and PPE requirements are non-negotiable.

**Continuing professional development (CPD) is tracked:** Keep meticulous records of all CPD activities from Day 1.

**Clinical decision-making is conservative:** Australian practice guidelines prioritise minimally invasive approaches. Adaptation may be needed from extraction-heavy to restoration-heavy approaches.

**Punctuality is critical:** Arriving late to work or running significantly over schedule with patients is viewed very negatively.

## 10.4 Housing: Renting Your First Home in Australia

The Australian rental market is competitive, particularly in major cities. Newcomers often face challenges because they lack an Australian rental history. Practical strategies:

- Offer 3–6 months rent in advance for your first lease — landlords accept this in lieu of rental history
- Bring reference letters from Indian employers and your bank statements showing financial stability
- Apps: Domain and Realestate.com.au are the primary property search platforms
- Consider sharehousing for the first 3 months while you find permanent accommodation
- Rental prices by city (2026 approximate): Sydney — AUD 800–1,400/week 3BR house; Melbourne — AUD 700–1,200/week; Brisbane — AUD 700–1,100/week; Perth — AUD 700–1,050/week; Adelaide — AUD 600–900/week

## 10.5 Banking, Taxation, and Superannuation

Open your bank account, apply for your Tax File Number, and complete your superannuation fund choice within your first 30 days. Your employer will ask for your TFN and super fund details before processing your first payslip.

Australia's tax year runs from 1 July to 30 June. As a dentist earning AUD 150,000, your income tax rate will be approximately 34–37% (combined federal and Medicare levy).

Consider engaging an Australian accountant experienced with new migrants — they can identify deductions specific to your circumstances.

## 10.6 Schools, Healthcare, and Community

Australian government schools are free for permanent residents and citizens. School zones operate by residential address — choose your suburb with schools in mind if you have school-age children. Quality can vary significantly between suburbs.

Medicare covers you immediately as a permanent resident. Register at any Medicare service centre with your passport and visa grant notice. Choose a GP (general practitioner) near your home — they coordinate your healthcare and are your first point of contact.

The Indian community in Australia is welcoming and well-organised. Find your nearest Indian Consulate, Indian association, and Indian grocery suppliers early. Indian cooking supplies are widely available in all major cities.

## CHAPTER 11

# FAQs Answered: 40 Questions Every Indian Dentist Asks

*The questions Dreamvisas clients ask most often — answered honestly*

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## ADC Examination Questions

### **Q1: How many times can I sit the ADC Written Examination?**

There is no limit on the number of times you can sit the ADC Written Examination. However, each sitting requires full payment of the examination fee (approximately AUD 1,580) and you must re-register for each attempt. There is no time limit on completing the pathway after initial assessment, but your English language test results expire after 24 months and must be current at the time of AHPRA registration.

### **Q2: Can I use my MDS (postgraduate specialist) degree to skip any part of the ADC pathway?**

No. All Indian dentists regardless of their postgraduate qualifications must complete the full ADC pathway — Initial Assessment, Written Examination, and Practical Examination — before being eligible for general AHPRA registration. After

obtaining general registration, MDS-qualified specialists can then pursue specialist registration through a separate pathway, which may involve a period of supervised specialist practice in Australia.

### **Q3: Can I prepare for the ADC Written Examination while still in India?**

Yes. The vast majority of preparation for the Written Examination can be done in India. Only the actual examination sitting and the Practical Examination require you to travel to Australia. Most candidates prepare entirely in India before travelling to Australia for their examinations.

### **Q4: What is the pass rate for the ADC examinations for Indian graduates?**

The ADC does not publish pass rates by nationality. However, based on feedback from candidates and coaching providers, the first-attempt pass rate for Indian graduates is approximately 55–65% for the Written Examination and 50–60% for the Practical Examination. Candidates who undertake specific coaching programs, particularly residential coaching for the Practical Examination, have significantly higher pass rates.

### **Q5: How long does the complete ADC pathway take from start to AHPRA registration?**

The complete pathway typically takes 18–30 months for candidates who prepare systematically and pass examinations

on first attempt. Candidates who require resits should budget 30–42 months. The practical examination's limited annual availability is often the main bottleneck — register for a practical examination date as soon as you pass the written examination.

## Visa and Points Questions

### **Q6: What is the minimum points score to receive a visa invitation?**

The minimum score to submit an EOI is 65 points. However, to actually receive an invitation for the Subclass 189 (Skilled Independent), dentists typically need 85–95 points in current invitation rounds. Subclass 190 (with state nomination) is often achievable at 75–85 points. Subclass 491 (regional) is more accessible — nominations are available in some states at lower scores.

### **Q7: Can my spouse's points count towards my migration application?**

Yes. If your spouse holds a positive skills assessment in an eligible occupation and has Competent English or better, you can earn between 5 and 10 additional points on your own application. This is one of the most underutilised strategies among Indian dental families.

**Q8: What happens to my visa if I am nominated by one state but then want to live in another state after arriving?**

For the Subclass 190, you have a commitment to live and work in the nominating state for at least two years. Violating this commitment is not a criminal offence, but it is considered a breach of your commitment and can affect future migration applications. For the Subclass 491, the requirement to live and work in a designated regional area is a formal visa condition — failure to comply can jeopardise your pathway to the Subclass 191 permanent residence visa.

**Q9: I have a prior traffic offence in India. Will this affect my visa application?**

Minor traffic offences (fines without conviction) generally do not affect visa applications. However, any offence that resulted in a conviction — even a minor one — must be declared. Non-disclosure of a conviction is far more serious than the conviction itself and can result in visa cancellation or permanent exclusion. Always disclose and obtain legal advice if you are uncertain.

**Q10: Can I apply for a spouse/partner visa at the same time as my skilled visa?**

Yes. Your spouse is included on your skilled visa application as a secondary applicant. Your spouse does not need their own separate visa — they are assessed as part of your application.

## Practice and Employment Questions

### **Q11: Can I work as a dentist in Australia before completing AHPRA registration?**

No. You cannot perform any act of dental practice in Australia without AHPRA registration. However, you can work in dental administration, patient coordination, or dental assisting (subject to state regulations) while completing your pathway. Some employers offer administrative roles to overseas-qualified dentists as a bridge employment arrangement.

### **Q12: What does a typical employment contract for a dentist in Australia look like?**

Most dentists in Australia work as associates — meaning they are typically engaged as independent contractors or employees who receive a percentage of their billed production. Percentages typically range from 35–45% of production billing. Some positions offer a salary guarantee (minimum per month) plus a production percentage above that threshold. Hospital and public sector positions are more commonly pure salaried roles.

### **Q13: Can I open my own dental practice?**

Yes. As a permanent resident, you can open your own dental practice. You will need AHPRA registration, professional indemnity insurance, a practice accreditation (in most states), and a business registration. Dental practices in growing suburban areas can be highly profitable. Many Indian dentists

aim for practice ownership within 5–10 years of arriving in Australia.

### **Q14: Are Indian dental qualifications recognised in other Australian states?**

AHPRA registration is national — your registration is valid to practise in all Australian states and territories. There is no state-by-state recognition requirement once you hold General AHPRA registration.

### **Q15: How competitive is the Australian dental job market for newly registered overseas-trained dentists?**

Demand for dentists is strong throughout Australia, but particularly in regional and rural areas. New graduates and overseas-trained dentists who are willing to work regionally have excellent employment prospects. Metropolitan job markets, particularly in inner Sydney and Melbourne, are more competitive but still experiencing demand.

## **Family and Lifestyle Questions**

### **Q16: Can my parents come to Australia with me?**

Your parents do not come on your skilled visa. Separate parent visa options exist, including the Contributory Parent visa (expensive — approximately AUD 44,000 per parent) or the

standard Parent visa (very long waiting time — 25–30+ years). Many Indian families in Australia manage through extended visit visas for parents initially, while building financial capacity for a contributory parent visa.

### **Q17: What is the Indian community like in major Australian cities?**

Australia's Indian community is one of the largest and fastest-growing migrant communities in the country, with over 750,000 Indian-born residents. Every major city has active Indian cultural organisations, temples, Indian grocery stores, Bollywood cinemas, and Indian professional networks. Melbourne and Sydney have the largest Indian populations; Perth and Adelaide have very well-established communities.

### **Q18: How do I maintain my Indian dental registration while pursuing the Australian pathway?**

Your Indian dental council registration provides the basis for your ADC Initial Assessment. Keep it active and in good standing throughout the ADC process. You will need a current Good Standing Certificate from your Indian registration authority when applying to AHPRA. Renew your Indian registration annually until you have completed AHPRA registration.

### **Q19: Is the cost of living in Australia very high?**

Australia is more expensive than India, but the salary differential more than compensates. Groceries, utilities, and services are similar to or slightly higher than UK or European costs.

Healthcare is covered by Medicare. Education for children is free in government schools. The main cost pressure is housing — particularly in Sydney and Melbourne where rent or mortgage payments consume a significant portion of income. Regional cities like Adelaide, Hobart, and Townsville offer very affordable housing by comparison.

### **Q20: What are my children's schooling options?**

Australian government (state) schools are free for permanent residents and citizens and provide excellent education. Private schools charge fees ranging from AUD 10,000–30,000+ per year. Most Indian families use the government school system initially and progress to private schools once financially established. All Australian schools have significant international student populations and are experienced at welcoming migrant children.

## **Specialist and Advanced Practice Questions**

### **Q21: I am an Oral and Maxillofacial Surgeon trained in India. Can I practise as a specialist in Australia?**

OMFS in Australia is a dual medical/dental specialty. If your Indian OMFS training is purely dental-based (without a medical degree component), you will need to complete the full ADC pathway for general dental registration first, then pursue specialist registration separately. The Royal Australasian College of Dental Surgeons (RACDS) oversees specialist

training and assessment. This is a complex pathway — a PER consultation is strongly recommended.

## **Q22: I hold a Masters in Orthodontics from India. Can I work as an orthodontist in Australia?**

Your Indian Masters in Orthodontics does not automatically confer specialist orthodontist status in Australia. After completing the ADC pathway and gaining General AHPRA registration, you can practise orthodontics as a general dentist with extended skills. To obtain the AHPRA Specialist Registration as an Orthodontist, you would typically need to complete a recognised Australian specialist training program (MOrth/MOrthodontist through an ADC-accredited university). An overseas assessment pathway for specialist orthodontists exists but has strict requirements — verify with the Orthodontic Board.

## **Q23: Are there any shortcuts to Australian dental registration for experienced Indian dentists?**

No formal shortcuts exist. However, experienced dentists benefit from their clinical depth when sitting the ADC practical examination — the practical component favours those with genuine patient management experience. Some states run Dental Outreach or Dental Access programs that offer supervised clinical practice opportunities; these are available to dentists who have passed the ADC Written Examination but are awaiting a practical examination date. These programs provide valuable Australian clinical exposure and income while you complete the pathway.

## **Q24: What dental specialties are in highest demand in Australia?**

As of 2026, the dental specialties with greatest workforce shortage in Australia include: paediatric dentistry (extreme shortage, particularly in public health), prosthodontics, special needs dentistry, and public health dentistry. Orthodontics and periodontics are competitive but still in demand. If you are an MDS in paediatric dentistry or prosthodontics, your specialist pathway in Australia has excellent employment prospects once established.

## **Financial Planning Questions**

### **Q25: How much savings should I bring to Australia?**

A practical guideline is to bring a minimum of AUD 30,000–50,000 in accessible savings when you arrive. This covers: first and last month rent plus rental bond (AUD 8,000–12,000 in most cities), household setup costs (AUD 5,000–10,000), car purchase or lease deposit (AUD 3,000–8,000), food, utilities, and living expenses for the first 3 months while your first salary clears (AUD 8,000–12,000), and unexpected expenses including professional memberships and equipment. If you are moving as a family with children, budget the higher end of this range.

## **Q26: Can I transfer money from India to Australia freely?**

Yes, but there are processes to follow. RBI's Liberalised Remittance Scheme (LRS) allows Indian residents to remit up to USD 250,000 per financial year for permitted purposes including emigration, maintenance of close relatives, and foreign travel. Use bank wire transfers or authorised money transfer services (Wise, Western Union, or bank forex). Keep records of all remittances for Australian tax purposes — your accountant will need these.

## **Q27: Will I pay tax in both India and Australia?**

Australia and India have a Double Taxation Avoidance Agreement (DTAA). Once you are an Australian tax resident (generally from the date you arrive with the intention of residing), your worldwide income is taxable in Australia. Income that was taxed in India before your migration departure may be eligible for foreign tax credits. Engage an Australian accountant with experience in Indian migrant taxation for your first one or two Australian tax returns — the savings typically far exceed the accountant's fee.

## **Q28: What are the main financial mistakes Indian dentists make in their first year in Australia?**

The most common financial mistakes include: not contributing additional voluntary amounts to superannuation (tax-advantaged savings), failing to salary-sacrifice pre-tax towards super in the first high-earning years, not claiming legitimate tax deductions for continuing professional development, work

equipment, professional memberships, and home office (if applicable), over-spending on housing in high-cost suburbs when regional or outer suburban living with a modest commute would provide far greater financial freedom, and failing to seek independent financial advice specific to migrant dentists.

## **Professional Representation: When to Self-File and When to Get Help**

### **Q29: Can I navigate the ADC and AHPRA processes without a consultant?**

Yes. The ADC and AHPRA processes are well-documented on their respective official websites ([adc.org.au](http://adc.org.au) and [ahpra.gov.au](http://ahpra.gov.au)), and many Indian dentists successfully self-manage both applications. The ADC Candidate Handbook is comprehensive and clearly explains every requirement. If your situation is straightforward — your degree is from a recognised institution, your documents are complete, your English score meets the minimum — self-management is entirely feasible for the ADC and AHPRA stages.

### **Q30: Can I self-file my visa application?**

Skilled migration visa applications (189, 190, 491) can legally be self-lodged through the ImmiAccount portal at [homeaffairs.gov.au](http://homeaffairs.gov.au). Many applicants do this successfully. However, visa applications are legal instruments — errors or omissions can result in visa refusals and affect future

applications. The situations where professional representation most clearly adds value are:

- Any prior visa refusal or cancellation in any country
- Any criminal conviction or charges — even minor ones — that must be disclosed
- Any health condition that may trigger a health waiver process
- Age 36+ where points optimisation requires careful strategic planning
- Employer-sponsored pathways where the employer's obligations and your obligations interact
- Dental couples where coordinating two applications maximises both outcomes
- MDS specialists pursuing both general and specialist registration pathways

### **Q31: How do I find a legitimate registered migration agent or RCIC with Australian expertise?**

In Australia, migration agents must be registered with the Office of the Migration Agents Registration Authority (OMARA). You can verify any agent's registration at [mara.gov.au](http://mara.gov.au). For applicants in India, look for consultants who hold both Australian migration expertise and CICC registration — the combination of RCIC and MIA Examination Qualified credentials (like Manoj Palwe at Dreamvisas) provides both Indian and Australian regulatory compliance. Always confirm registration before paying any fees, and never pay a consultant who cannot provide their registration number.

<b>Total Cost Transparency: What the ADC-to-PR Pathway Costs Independently</b>
ADC Initial Assessment: AUD 455
English language test (IELTS or OET): AUD 300–590 per sitting
ADC Written Examination: AUD 1,580 per sitting
ADC Practical Examination: AUD 4,500–5,000 per sitting
Melbourne coaching program (recommended): AUD 5,000–12,000
AHPRA registration: AUD 860
Visa application fee (Subclass 190/491, primary applicant): AUD 4,640
Migration agent fee (if used): AUD 2,000–5,000 typically
Travel/accommodation for Melbourne examination: AUD 2,000–4,000
<b>TOTAL RANGE: AUD 21,000–33,000 for a typical first-pass candidate</b>
These are government and third-party fees — independent of any Dreamvisas service fees, which are separate and disclosed at time of engagement.

## CHAPTER 12

# Your Pre-Departure Master Checklist

*Every item you need — organised by when to action it*

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## 12 Months Before Departure

- Commission a Personal Evaluation Report (PER) from a qualified immigration consultant
- Obtain apostilled copies of all academic credentials from your dental college
- Obtain apostilled Good Standing / Registration Certificate from your State Dental Council
- Apply for NCRB Criminal Record Certificate — apostilled by Ministry of External Affairs
- Begin English language preparation (IELTS or OET)
- Download ADC Candidate Handbook and begin study programme

## 6 Months Before Departure

- Submit ADC Initial Assessment application (if not already done)
- Book and sit English language examination — aim for IELTS 8.0 / OET A

- Register for ADC Written Examination upon passing Initial Assessment
- Open preliminary research on Australian cities and neighbourhoods
- Research state nomination programs and identify your target state

### **3 Months Before Departure**

- Complete ADC Written Examination — if passed, register for Practical Examination
- Book Melbourne coaching program for Practical Examination
- Open Australian bank account online (Commonwealth, ANZ, Westpac, NAB)
- Apply for Tax File Number (TFN) online at [ato.gov.au](http://ato.gov.au)
- Begin employment search — Seek, ADA job board, locum agencies
- Research school zones for your children and target suburbs accordingly

### **1 Month Before Departure**

- Confirm AHPRA registration is active (post-ADC completion)
- Confirm visa grant and all travel documents are in order
- Confirm professional indemnity insurance coverage active from Day 1

- Book temporary accommodation for first 4 weeks minimum
- Ship household goods if applicable — allow 4–8 weeks transit time
- Arrange comprehensive travel insurance for the transit period
- Confirm Medicare eligibility and plan your first registration visit

## Day of Departure

- Carry original (not just copies) of all important documents in your carry-on: visa grant, passport, AHPRA registration certificate, insurance documents, bank details
- Carry sufficient AUD cash for first 2 weeks (approximately AUD 3,000)
- Download Domain / Realestate.com.au apps for rental search on arrival
- Carry a list of your Melbourne contacts, employer details, and your registered migration agent's emergency contact

## First Week in Australia

- Register with Medicare at any Medicare service centre (bring passport and visa grant notice)
- Activate TFN and provide to employer

- Choose a superannuation fund and complete Choice of Fund form for employer
- Set up Australian mobile phone plan
- Confirm employment start date and orientation schedule with employer
- Register children at school (bring birth certificates, passport, visa grant)
- Connect with local Indian community organisations and Indian Dentists Association of Australia chapter

## CHAPTER 10B

# Career Advancement and Practice Ownership: Your 10-Year Australian Dental Career Plan

*From newly registered dentist to practice owner — the proven pathway*

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Most Indian dentists arrive in Australia with one immediate goal: get registered and start earning. But the dentists who build truly exceptional careers in Australia are those who plan beyond the first year — who see the 10-year arc of their Australian dental career and make strategic decisions from Day 1 that compound over time.

## Year 1–2: The Foundation Associate Phase

Your first two years as an AHPRA-registered dentist in Australia are your fastest learning period. You are adapting to Australian clinical standards, patient expectations, material systems, and fee structures. This phase is not the time to chase the highest-paying locum positions — it is the time to find a mentor-quality practice environment and absorb everything.

- Seek an associate position in an established private practice with an experienced principal dentist who is willing to mentor

- Prioritise clinical variety over maximum earnings in Year 1 — breadth builds competency
- Join the Australian Dental Association (ADA) immediately — your membership includes professional development, peer networks, and access to the ADA Practice Management Advisory Service
- Complete your mandatory 60-hour CPD cycle from Day 1 — do not leave it to Year 3
- Begin building an Australian clinical reputation — take on cases at the boundaries of your confidence with appropriate referral support

### **Salary Negotiation in Year 1: What to Expect and What to Ask For**

Most associate positions offer 35–40% of production billing with a daily or weekly minimum guarantee.

The guarantee for new overseas-trained registrants is typically AUD 500–800 per day depending on location.

In regional practice or under a state dental health service, pure salary positions of AUD 95,000–130,000 are common for first-year registrants.

Negotiate for: (a) full professional indemnity insurance coverage by the employer, (b) paid ADA membership, (c) access to the practice CPD programs, (d) a 6-month performance review with salary progression.

Do not accept a percentage-only arrangement without a minimum guarantee in your first 6 months.

## Year 3–5: The Growth Associate Phase

By Year 3, you should have a solid patient base at your practice, a referral network with local specialists, and a clear picture of which clinical areas you most enjoy and where you produce the highest value. This is the phase for strategic skill development.

### Clinical Skill Development Priorities for Indian Dentists in Australia

- **Implantology:** Australia has high patient demand for implants and implant-retained prosthetics. Post-graduate implant courses are widely available and the return on investment in this clinical skill is exceptional.
- **Invisalign and clear aligner therapy:** Orthodontic aligner treatment is among the fastest-growing segments in general practice. Completing the Invisalign training program adds significant production per hour.
- **Sleep dentistry (IV sedation):** Becoming a sedation-trained dentist dramatically expands your patient reach, particularly in regional practice.
- **CEREC/same-day dentistry:** CAD/CAM chairside technology is increasingly common in premium practices. Being proficient operators commands premium associate percentages.
- **Facial aesthetics (anti-wrinkle injections):** Legal and growing area in Australian dental practice — requires additional training and indemnity coverage.

## Year 5–10: Practice Ownership and Wealth Building

The Australian dental market offers exceptional opportunities for practice ownership. Independent dental practices in Australia — particularly in outer suburban growth corridors and regional towns — sell for AUD 400,000–1,500,000+ for established practices with strong patient bases. First-time buyers typically achieve 100% bank financing through practice-specific dental finance packages from NAB, ANZ, and Westpac healthcare banking divisions.

Practice Ownership Model	Key Considerations
Buy an established practice	Immediate patient base and cash flow; higher entry cost AUD 400K+; existing goodwill reduces ramp-up risk
Greenfield (start from scratch)	Lower entry cost; takes 12–24 months to break even; high risk but maximum upside in growing suburbs
Associate-to-owner buy-in	Negotiate equity purchase from principal dentist retiring; lower risk as you know the practice
Franchise model (Bupa Dental, Pacific Smiles)	Turnkey operations; higher fees to franchisor but reduced setup complexity

Partnership	Share capital and risk with a co-dentist; requires strong legal partnership agreement; suits dual-dentist Indian families
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### **The Wealth Multiplication Effect of Practice Ownership**

An associate dentist producing AUD 500,000 per year at 40% receives AUD 200,000.

A practice owner with two chairs and one associate dentist may generate AUD 1,200,000 revenue, keeping 15–25% as net profit = AUD 180,000–300,000 owner income PLUS business equity.

Dental practices in Australia typically sell at 1.0–1.5x annual revenue. A practice generating AUD 1.2M annually may be worth AUD 1.2–1.8M at sale.

Many Indian dentists who purchase a practice at Year 5–7 have greater wealth than age-equivalent Australian-born dentists by Year 15.

## **The Regional Advantage: Why Smart Indian Dentists Choose Smaller Cities**

One of the most consistent findings among Indian dentists who have built significant wealth in Australia is that they chose regional or outer suburban practice locations. The logic is clear: housing costs in regional areas are 40–70% lower than inner

Sydney and Melbourne, competition from other practices is lower, and state government regional incentives often include practice establishment grants, student loan assistance, and accelerated visa pathways.

Cities with particularly strong opportunities for Indian dentists in 2026 include: Townsville and Cairns in Queensland, Ballarat and Bendigo in Victoria, Launceston in Tasmania, Bunbury and Geraldton in Western Australia, and Mildura and Albury-Wodonga on the NSW/VIC border.

## CHAPTER 10C

# Clinical Adaptation: Australian Dentistry vs Indian Dentistry

*The most important chapter for your first 90 days of Australian practice*

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Every Indian dentist who has moved to Australia says the same thing: the clinical foundations are excellent, but the way dentistry is practised differs in ways that matter. This chapter addresses the most significant clinical and professional adaptation areas so you can anticipate and prepare, rather than discover them on your first day.

## Differences in Clinical Philosophy and Practice

Area	Indian Approach (Common) vs Australian Standard
Caries management	Extraction often preferred for heavily broken-down teeth due to cost sensitivity. Australia: restoration-first philosophy; endodontics + crown preferred; patients expect salvage attempts.
Rubber dam use	Less consistently used in India. Australia: rubber dam is standard of care for endodontics and complex composite restorations.

	ADC practical examination tests rubber dam technique.
Composite resin	GIC and amalgam still common in India. Australia: composite is the primary posterior restorative material; amalgam use is declining rapidly.
Informed consent	Brief consent often implicit. Australia: detailed written consent for invasive procedures; treatment plans provided in writing before commencement.
Radiograph prescription	Clinical judgement varies widely. Australia: Evidence-based radiograph selection criteria; ALARA principle strictly applied.
Patient communication	Authoritative model — patient defers to dentist. Australia: Shared decision-making model — patient preferences are central; multiple treatment options must be presented.

## The Australian Dental Item Number System

Australian dental billing uses the ADA Item Numbering system. Every procedure has a specific item number used for insurance claiming and fee structuring. Understanding this system is essential for accurate treatment planning, correct billing, and understanding your own production value.

<b>The Most Commonly Used Item Numbers in Australian General Practice</b>
013 — Comprehensive Oral Examination (new patient): ADA guide fee approximately AUD 105–130
022 — Bitewing Radiographs: standard caries assessment
111 — Calculus Removal (Scale and Clean): most commonly billed item in Australian practice
121 — Periodontal Debridement: full-mouth active treatment
531/532/533 — Adhesive Restoration 1/2/3+ surfaces: composite restorations
613/614 — Root Canal Treatment: anterior and posterior teeth
710/721 — Crown (full cast or ceramic): indirect restorations
311/314 — Simple and Surgical Extraction
Item numbers are billed recommendations only — practices set their own fees. ADA annual fee survey provides market benchmarks.

## **Infection Control Standards in Australian Dental Practice**

Infection control standards in Australian dental practice are governed by the Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC) and Dental Board

guidelines. These are strictly enforced and form part of practice accreditation audits.

- All dental instruments that penetrate mucosa must be sterilised between patients — no exceptions
- Sterile barriers (covers, bibs, protective equipment) replaced between every patient
- High-speed handpieces must be sterilised between patients — not just flushed or wiped
- Personal protective equipment (mask, gloves, safety glasses, gown) worn for every clinical procedure
- All sharps disposed of in yellow sharps containers immediately after use
- Blood and bodily fluid spillage protocols must be documented and followed

## Managing Difficult Patients and Complaints

Australian patients are more likely to make formal complaints about their dental treatment than patients in India. Understanding the complaint management process helps you respond professionally and protect your registration.

All formal complaints against registered dentists in Australia go to AHPRA. AHPRA is required to investigate notifications about practitioners whose practice may be unsafe, impaired, or unprofessional. Most complaints are resolved without any regulatory action, but every complaint must be handled carefully. If you receive a complaint:

- Do not contact the patient to discuss the complaint without legal advice
- Contact your professional indemnity insurer immediately — they provide legal defence support
- Contact the ADA Member Assistance Program for support and guidance
- Document your clinical notes meticulously — good contemporaneous records are your primary defence
- Do not alter records after a complaint has been lodged — this is a serious professional offence

## **Mental Health and Wellbeing for Migrant Dentists**

The migration and career transition process is psychologically demanding. Most Indian dentists experience a period of adjustment difficulty — missing family, adapting to a new culture, managing the vulnerability of being a highly skilled professional in an unfamiliar environment. This is normal and expected.

Australia has strong mental health support resources. The ADA has a Dental Practitioner Wellness Program (Dentists' Health Advisory Service) that provides confidential support. Beyond Blue ([beyondblue.org.au](https://beyondblue.org.au)) provides mental health resources. Many Indian dentists find peer support from other Indian-origin healthcare professionals the most helpful — seek out the Indian Dentists Association of Australia chapter in your city in your first month.

## CHAPTER 10D

# Taxation and Financial Planning for Indian Dentists in Australia

*How to keep more of what you earn — legally and strategically*

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Australia's tax system is transparent, well-administered, and — for those who understand it — genuinely manageable. Indian dentists earning AUD 150,000–250,000 in Australia can dramatically reduce their effective tax burden through legitimate deductions, superannuation strategies, and professional expense management. This chapter gives you the foundations.

## Australian Tax Basics: What Every Indian Dentist Needs to Know

Concept	How It Works
Tax year	1 July to 30 June. Your first Australian tax return will cover your arrival date to 30 June.
Tax residency	You become an Australian tax resident from the date you arrive intending to reside. Worldwide income is taxable in Australia from that date.
Medicare Levy	2% of taxable income — in addition to income tax. Covers

	your Medicare (public health) entitlement as a PR holder.
Medicare Levy Surcharge	An additional 1–1.5% if your income exceeds AUD 93,000 and you do not hold private health insurance. Buy private hospital cover to avoid this surcharge — it is typically cheaper than the surcharge.
Tax File Number (TFN)	Your unique tax identifier. Apply at <a href="http://ato.gov.au">ato.gov.au</a> before or immediately on arrival. Required before your first payslip.
Australian Business Number (ABN)	Required if you work as an independent contractor/locum. Apply at <a href="http://abr.business.gov.au">abr.business.gov.au</a> — free and instant online.
Pay As You Go (PAYG)	Employers withhold tax from your salary and remit it to the ATO. You lodge an annual return to reconcile.

## 2026 Income Tax Rates for Australian Residents

Taxable Income	Tax Rate
AUD 0 – 18,200	Nil (tax-free threshold)
AUD 18,201 – 45,000	19 cents per dollar above AUD 18,200

AUD 45,001 – 135,000	AUD 5,092 + 32.5 cents per dollar above AUD 45,000
AUD 135,001 – 190,000	AUD 31,288 + 37 cents per dollar above AUD 135,000
AUD 190,001 and above	AUD 51,638 + 45 cents per dollar above AUD 190,000
Plus Medicare Levy	2% of taxable income (additional)

### Worked Example: Tax for a Dentist Earning AUD 160,000

Taxable income: AUD 160,000

Income tax:  $AUD\ 31,288 + 37\% \times (AUD\ 160,000 - AUD\ 135,000) = AUD\ 31,288 + AUD\ 9,250 = AUD\ 40,538$

Medicare Levy:  $2\% \times AUD\ 160,000 = AUD\ 3,200$

Total tax: AUD 43,738 (effective rate: 27.3%)

Take-home (after tax): AUD 116,262

PLUS superannuation (11% employer contribution): AUD 17,600 in retirement savings

Total employer cost: AUD 177,600 | Your total benefit: AUD 133,862 (take-home + super)

## Key Tax Deductions for Dentists

Australian dentists are entitled to deduct all expenses incurred in earning their income, provided those expenses are not private or domestic in nature. The most significant categories for dentists:

## **Professional Expenses**

- ADA membership fees — 100% deductible
- AHPRA registration fee — 100% deductible
- Professional indemnity insurance premiums — 100% deductible
- Continuing Professional Development (CPD) courses, conferences, seminars — 100% deductible
- Professional journals, textbooks, and online dental libraries — 100% deductible
- Work-related uniforms and protective clothing (scrubs, clinical shoes) — deductible if used exclusively for work

## **Home Office and Vehicle**

- If you work across multiple locations, motor vehicle expenses for travel between workplaces (not home to primary work location) are deductible — keep a logbook
- Home office expenses if you perform administration, study, or continuing education from home — fixed rate method (AUD 0.67 per hour) or actual expenses method

## **Equipment and Technology**

- Dental instruments and small equipment items under AUD 20,000 — immediately deductible in year of purchase under the Instant Asset Write-Off scheme (verify current threshold at [ato.gov.au](http://ato.gov.au) as this changes annually)
- Laptop, tablet, or computer used for work purposes — pro-rata deductible based on work use percentage

## Superannuation Strategy: The Most Powerful Wealth-Building Tool Available to You

Superannuation is Australia's government-mandated retirement savings system. As of 2025–26, employers must contribute 11.5% of your ordinary time earnings into your super fund. But the real power comes from voluntary contributions, which are taxed at only 15% — far below the marginal income tax rates that apply to your salary.

Super Strategy	How It Works and Why It Matters
Concessional (pre-tax) contributions	Salary sacrifice above the employer's 11.5% mandatory contribution, up to the annual concessional cap (AUD 30,000 in 2025–26). Taxed at 15% in the fund vs your marginal rate of 37–45%. Highly advantageous for high-income dentists.
Non-concessional contributions	After-tax contributions up to AUD 110,000 per year (or AUD 330,000 over 3 years using bring-forward

	rule). Taxed at 0% in the fund once invested. For dentists with large lump-sum income (practice sale, inheritance), this is a powerful sheltering strategy.
Spousal contributions	If your spouse earns under AUD 40,000, contributing to their super earns you an 18% tax offset on the first AUD 3,000. For single-income dental families, this is a straightforward benefit.
First Home Super Saver Scheme	If you have not yet owned a home in Australia, you can save additional voluntary super contributions (up to AUD 50,000 total) and withdraw them for a first home deposit — the savings are taxed at 15% rather than your marginal rate.

## Choosing a Superannuation Fund

When you start employment, your employer will ask you to nominate a super fund. You have full choice. Key factors to evaluate:

- Investment options: does the fund offer diversified, industry, and ethical investment options?

- Fees: total annual fees (including administration, investment, and insurance fees) — lower is better; fees erode compounding returns significantly over 30 years
- Insurance within super: most funds include default life insurance and total and permanent disability insurance inside super — review coverage levels and premiums
- Recommended funds for healthcare professionals: HESTA (Healthcare Employees), AustralianSuper, Hostplus, REST — all are large industry funds with competitive fees and strong long-term performance track records

## Engaging an Accountant: What to Look For

Engage an Australian accountant who has experience with recent migrants and healthcare professionals. Ask specifically:

- Do you have clients who are Indian-origin healthcare professionals who have recently migrated?
- Are you familiar with the India-Australia Double Taxation Avoidance Agreement?
- Can you advise on transition-to-Australia tax issues (foreign income, pre-migration assets)?
- Do you provide tax planning advice (not just return preparation)?

Accounting fees for a dentist's annual tax return and planning consultation typically range from AUD 1,500–4,000 per year. This is deductible and almost always worth multiple times the fee in legitimate tax savings.



## CHAPTER 10E

# The Dental Couple Strategy: Migrating Together and Maximising Both Applications

*For Indian families where both partners are healthcare professionals*

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A significant number of Indian dentist migrants are part of couples where both partners work in healthcare — dentist and dentist, dentist and doctor, dentist and nurse. The migration strategy for a dental couple or dual-healthcare couple is materially different from a single-applicant strategy, and getting it right can save 12–18 months and thousands of dollars.

## Who Should Be the Primary Applicant?

The primary applicant is the person whose skilled occupation drives the visa application. Your secondary applicant (spouse/partner) is included in the same visa application. Either of you can be the primary — choose based on who has the stronger points score.

**Decision Framework: Who Should Be Primary Applicant?**

Calculate both partners' independent points scores using the full points table.

The partner with the higher score should typically be the primary applicant.

Consider age: the partner who will receive more points for age now (and for whom the window is closing fastest) should be primary.

Consider whose occupation has better invitation round prospects — dentists vs doctors vs nurses have different invitation rates.

If scores are similar, consider whose English score is stronger and whether either partner has Australian work experience.

## Points Bonus for Partner Skills and English

If the secondary applicant (spouse) has a positive skills assessment in an eligible occupation AND holds Competent English or better, the primary applicant receives additional points:

- Spouse with skills assessment + Competent English (IELTS 6.0 all): primary gains 5 points
- Spouse with skills assessment + Proficient or Superior English (IELTS 7.0+): primary gains 10 points
- This 10-point gain from partner skills is often the difference between a competitive and a non-competitive EOI score

## Coordinating ADC Timelines for Two Dentists

When both partners are dentists pursuing Australian registration, coordinating timelines strategically reduces costs and maximises points scores.

Approach	Advantages and Disadvantages
Both apply for ADC simultaneously	Maximum income potential once both are registered. Double the ADC examination costs. More complex logistics for Melbourne practical exam travel.
Primary applicant leads, secondary follows 6–12 months later	Lower upfront cost. Secondary can prepare better using lessons from primary's experience. One registered dentist earning while second completes pathway.
One partner pursues employer-sponsored visa first	Employer may assist with visa costs. One partner working creates financial security. Second partner applies on skills stream independently.

## State Nomination for Dental Couples

For dental couples where both partners need state nomination, it is possible to apply for two separate state nominations — one

for each partner's individual EOI. Some states are aware that dental couples represent a double recruitment opportunity and respond positively to coordinated family applications.

The Northern Territory's health department, in particular, has actively recruited dental couples for rural and remote area positions — both partners can be placed in the same regional centre with coordinated employment arrangements. This makes the 491 pathway especially attractive for dental couples willing to commit to 3 years in regional practice.

## **Children, Schools, and Family Migration Logistics**

For dental families with children, the practical migration logistics are more complex. Key planning considerations:

- Children are included as secondary applicants on your skilled visa at a lower fee — include them from the beginning
- School enrolment requires the visa grant notice, birth certificates, immunisation records, and any previous school reports. Most Australian schools request an immunisation catch-up assessment for newly arrived children.
- Australian school academic year runs February to December. Plan your arrival for January–February to coincide with the school year start.
- Year levels in Australia differ from India by approximately one year — your child's Year 7 in India

typically corresponds to Year 8 in Australia. Schools will assess each child individually.

- HSC (Higher School Certificate) and VCE (Victorian Certificate of Education) are the final year 12 qualifications that determine university entry. Children arriving in early high school years have excellent time to adapt.

## CHAPTER 10F

# Insurance and Risk Protection: Protecting Everything You Are Building

*The policies every dentist in Australia needs — and those you can skip*

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Insurance is fundamental to financial security in Australia. As a dentist earning a high income and building significant assets, the correct insurance portfolio protects your family from the financial consequences of illness, injury, or professional liability. This chapter covers the key insurance categories relevant to Indian dentists in Australia.

## Professional Indemnity Insurance (Mandatory)

Professional indemnity insurance (PII) covers you against claims arising from your clinical practice — patient complaints, negligence allegations, and regulatory investigations. This insurance is mandatory for all practising dentists in Australia. Without it, your AHPRA registration is at risk.

PII Provider	Key Features
Avant Mutual	Australia's largest medical indemnity provider; dental-specific policies; 24/7 medicolegal

	advisory line; strong claims management team
MDA National	Competitive dental PII; strong member support services; practice management tools included
ADA-endorsed policies	The ADA endorses specific PII providers with group purchasing arrangements for members — often the most cost-effective option
Employer policy	If you are a salaried employee, your employer typically provides PII. Verify in writing before commencing practice.
Tip: Occurrence vs Claims-Made	Occurrence policies cover claims arising from incidents during the policy period regardless of when the claim is made. Claims-made policies only cover claims made while the policy is active. For ongoing practice, occurrence coverage is generally safer.

## Income Protection Insurance (Strongly Recommended)

Income protection insurance replaces a portion of your income (typically 75%) if you are unable to work due to illness or injury. For a dentist earning AUD 160,000 per year, an inability to work for 6 months represents AUD 80,000 of lost income. Income protection premiums are fully tax-deductible.

- **Benefit period:** choose a benefit period to age 65 (not just 2 or 5 years) — longer benefit periods cost more but provide complete protection
- **Waiting period:** 30–90 days waiting period before benefits commence. A 90-day waiting period is lower cost if you have 3+ months emergency savings.
- **Own occupation definition:** ensure your policy defines total disability based on your inability to work as a DENTIST specifically — not just 'any occupation'. This is critical for a specialist profession.
- **Super ownership:** income protection held inside super is paid from pre-tax super contributions, reducing the effective cost. However, benefit payments are taxed as income if claimed. Consult your financial adviser.

## **Life Insurance and Total and Permanent Disability (TPD)**

If you have dependants — a spouse, children, or parents — life insurance ensures that your death or permanent disability does not leave your family financially devastated. Australian dentists typically need at least AUD 1–2 million in life insurance coverage when they have young children and a mortgage.

Most superannuation funds provide a default level of life and TPD insurance within super — this is often insufficient for a primary income earner with a family. Review your super fund's default insurance levels and top up if required. Insurance premiums within super are paid from your super balance, preserving your take-home pay.

## Private Health Insurance

As a permanent resident, you are covered by Medicare for most medical services. However, private hospital cover is important for dentists to avoid the Medicare Levy Surcharge (1–1.5% additional tax on income above AUD 93,000) and to access private hospital treatment without public waiting lists.

Dental treatment is NOT covered by Medicare — it is covered only by private health insurance extras cover. As a dentist, you have access to ADA member discounts on selected health funds. Major private health insurers in Australia include Bupa, Medibank Private, HCF, NIB, and the Teachers Federation Health (TFH).

### Insurance Priority List for Newly Arrived Indian Dentists

Priority 1 (Day 1): Professional indemnity insurance — mandatory before first patient

Priority 2 (Month 1): Private hospital cover — avoids Medicare Levy Surcharge

Priority 3 (Month 3): Income protection insurance — protect your earning capacity

Priority 4 (Month 6): Life and TPD insurance — protect your dependants

Priority 5 (Year 2+): Business insurance if you move to practice ownership

## CHAPTER 10G

# Building Your Professional Network in Australia

*The dentists who succeed fastest are the ones who connect first*

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Professional networks in Australia operate differently from India. Relationships are built more gradually, referral networks are formalised, and professional community engagement through the ADA and specialist societies has a direct impact on your clinical reputation and career trajectory. This chapter gives you the networking strategy that Indian dentists consistently say was most valuable in their first three years.

## The Australian Dental Association: Your Most Important Professional Membership

Joining the ADA is the single most important professional action you can take in your first week of Australian dental practice. ADA membership provides:

- Access to CPD programs at member discounted rates — often saving AUD 500–1,500 per year compared to non-member CPD
- The ADA employment dispute support service — free legal guidance if you encounter employer issues

- Access to the ADA Practice Management Advisory Service for business and compliance queries
- Listing in the ADA Find a Dentist directory — patients use this to identify local dentists
- The ADA's clinical guidelines and infection control resources — essential reference materials
- Group purchasing arrangements for PII, health insurance, and financial services
- Your state ADA branch provides local peer networking events, study clubs, and continuing education

## Indian Dentists Association of Australia (IDAA)

The IDAA is an informal but highly active network of Indian-origin dentists in Australia with chapters in Sydney, Melbourne, Brisbane, and Perth. The value of the IDAA network for new arrivals cannot be overstated:

- Practical guidance from dentists who have recently completed the exact same ADC and AHPRA pathway
- Employment referrals — many first Australian dental positions come through IDAA network connections
- Cultural familiarity — fellow Indian dentists understand the specific adjustment challenges you face
- Housing and settlement advice from people who have done it
- Social community — festivals, cricket, cultural events that make Australia feel more like home

## Building a Specialist Referral Network

As a general dentist in Australia, your professional relationships with local specialists — periodontists, endodontists, oral surgeons, orthodontists, and prosthodontists — are central to your clinical quality and professional reputation. Patients who are referred to excellent specialists come back. Patients who are not referred when they should be become complaints.

In your first three months, introduce yourself personally to the specialist practices nearest to your workplace. A brief email introduction followed by a phone call is appropriate. Most specialists appreciate general dentists who refer thoughtfully — they will reciprocate with educational support and appropriate back-referrals.

## Continuing Professional Development: Building Your Learning Plan

The 60-hour CPD requirement over 3 years is a minimum. High-performing Australian dentists typically complete 80–120 hours of CPD per cycle, reflecting genuine commitment to lifelong learning. For Indian dentists building Australian reputations, specific CPD investments are particularly valuable:

CPD Investment	Career Value
ADA Annual Congress	National networking; access to top clinical speakers; broad CPD

	points across specialties in one event
Implantology course (6–12 months)	Direct production uplift of AUD 50,000–150,000 per year for competent implant dentists
Invisalign or SDC certification	High patient demand; premium fee per case; direct practice growth
Emergency medicine update (BASIC/DENTAL)	Mandatory for accreditation; demonstrates clinical responsibility; ADA endorses several courses
Practice management course	If practice ownership is your goal, business skills are as important as clinical skills
RACDS Fellowship examinations	Formal postgraduate recognition; builds specialist credibility without requiring full specialty training

## LinkedIn and Online Professional Presence

Australian dental professionals are active on LinkedIn in a way that is different from India's professional culture. A professional LinkedIn profile with your AHPRA registration status, clinical interests, and professional history is expected and beneficial. It facilitates:

- Employment opportunities — practice principals and dental groups actively recruit through LinkedIn

- Professional credibility with patients who Google their dentist before booking
- Connection with other dentists, dental companies, and healthcare organisations
- Visibility for the Dreamvisas-style personal brand that supports practice ownership aspirations

Keep your LinkedIn accurate and professionally presented. AHPRA regulations apply to all professional communications including social media — do not make clinical claims or post patient images without appropriate consent and privacy protections.

## CHAPTER 11B

# Financial Mastery for Indian Dentists in Australia: Tax, Super, Insurance and Wealth Building

*The financial chapter every Indian dentist needs but most books skip*

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Your earning potential in Australia is exceptional. But earning well and keeping wealth are two different skills. Indian dentists who understand the Australian financial system from Day 1 consistently build far greater long-term wealth than those who simply earn and spend without a framework. This chapter is your financial foundation.

## Understanding the Australian Tax System

Australia uses a progressive income tax system administered by the Australian Taxation Office (ATO). For the 2025–2026 financial year, the marginal tax rates are:

Note: Tax rates and thresholds are set in the annual federal budget and may change. Always verify the current rates at [ato.gov.au](http://ato.gov.au) before making financial decisions.

Taxable Income (AUD)	Tax Rate (2025–26)
\$0 – \$18,200	Nil (tax-free threshold)

\$18,201 – \$45,000	19 cents per dollar over \$18,200
\$45,001 – \$135,000	32.5 cents per dollar over \$45,000
\$135,001 – \$190,000	37 cents per dollar over \$135,000
Over \$190,000	45 cents per dollar over \$190,000
Medicare Levy	Additional 2% on all income (applies to most taxpayers)
Medicare Levy Surcharge	Additional 1–1.5% if income over \$93,000 and no private hospital cover

On a dental salary of AUD 150,000, your approximate annual tax liability (before deductions) is approximately AUD 43,000–48,000 including Medicare levy. Your take-home pay after tax is approximately AUD 102,000–107,000 per year, or AUD 8,500–8,900 per month.

### **The Medicare Levy Surcharge Strategy Every Dentist Should Know**

If your income exceeds AUD 93,000 and you do not hold private hospital insurance, you pay an additional 1–1.5% Medicare Levy Surcharge on your total income.

On a AUD 150,000 salary, this surcharge is approximately AUD 1,500–2,250 per year.

Basic private hospital cover costs approximately AUD 1,200–1,800 per year for an individual.

Conclusion: buying private hospital insurance is neutral to slightly positive financially, and you gain coverage for elective private hospital procedures as a benefit.

Most dentists earning AUD 120,000+ should hold private health insurance for both financial and practical reasons.

## Tax Deductions Available to Dentists in Australia

As a practising dentist, you are entitled to claim legitimate business and professional deductions that reduce your taxable income. Many newly arrived Indian dentists miss these deductions in their first year, paying thousands more tax than necessary.

Deductible Item	Notes
AHPRA registration fee	Fully deductible as a professional registration expense
ADA and specialist society memberships	Fully deductible as professional membership fees
Continuing Professional Development (CPD)	Courses, conferences, webinars, books, journals — all deductible
Work-related tools and equipment	Dental loupes, handpieces, instruments purchased personally for work use — deductible

Home office expenses	If you use a dedicated home office for practice administration — proportional claim
Work uniform and laundry	Clinical uniform, PPE purchased personally — deductible with records
Professional indemnity insurance	Deductible if paid by you (not your employer)
Work-related travel	Travel between practice locations; travel to CPD events
Self-education expenses	Post-graduate study directly related to your current dental practice — deductible
Professional journals and subscriptions	ADA Journal, dental clinical journals — deductible
Income protection insurance premiums	Deductible if premium is for income protection (not trauma or life)

## Superannuation: Your Wealth Engine

Superannuation (super) is Australia's compulsory retirement savings system. Your employer contributes 11% of your ordinary time earnings (from 2025) to your chosen super fund. On a AUD 150,000 salary, that is AUD 16,500 per year going into your super — an amount that is taxed at only 15% within the fund.

Super is invested by your chosen fund and grows over your working life. Most dentists who work in Australia for 20+ years retire with AUD 800,000–2,000,000+ in super, providing substantial financial security independent of their clinical income. The key decisions:

- Choose your super fund actively — do not default to whatever your employer nominates. Compare fees, investment options, and performance at [superguide.com.au](http://superguide.com.au) or [moneysmart.gov.au](http://moneysmart.gov.au)
- Consider making voluntary concessional (pre-tax) contributions above the mandatory 11% — contributions up to AUD 27,500 total per year are taxed at only 15%, not your marginal rate of 37–45%
- Consider voluntary non-concessional (after-tax) contributions if you have surplus savings — up to AUD 110,000 per year in non-concessional contributions are allowed
- Check your super balance every 6 months — lost super is a common problem for migrants who change jobs or employers

### **Super Salary Sacrifice: The Most Powerful Tax Strategy for Dentists**

If you are on AUD 150,000 per year, your marginal tax rate on income over \$135,000 is 45% (including Medicare levy).

If you salary sacrifice AUD 10,000 into super, that AUD 10,000 is taxed at 15% (super contributions tax) instead of 45%.

Net saving:  $30\% \times \text{AUD } 10,000 = \text{AUD } 3,000$  per year in tax savings.

Over 20 years, AUD 3,000 annual tax savings compounded at 7% = approximately AUD 120,000 additional retirement wealth.

Discuss this strategy with an accountant in your first year of Australian employment.

## Income Protection Insurance

Your ability to earn income as a dentist is your most valuable financial asset. If you are injured or ill and cannot practise, your income stops. Income protection insurance pays a monthly benefit (typically 75% of your pre-disability income) for a waiting period you nominate (30, 60, or 90 days) until you can return to work or until a benefit period ends (2 years, 5 years, or to age 65).

As a dentist — a physically demanding profession where hand injuries, eye injuries, or musculoskeletal conditions can end or reduce a career — income protection insurance is not optional. It is essential. Key points:

- Premiums for dentist-specific 'own occupation' income protection policies are higher than generic policies but provide coverage specifically if you cannot perform dental work
- Premium payments are tax deductible

- Waiting period: 30 days costs more in premium but means coverage starts sooner; 90 days costs less but requires more personal savings to bridge the gap
- Recommended providers for dentists: Avant Mutual, ADA Insurance Services, and major life insurers including TAL, AIA, and MLC

## **Life Insurance and Total and Permanent Disability (TPD) Cover**

If you have a family or mortgage in Australia, you need life insurance and TPD cover. These are often provided automatically within your superannuation fund (check your super statement). However, default levels within super are typically insufficient for a dentist with a mortgage and dependants.

A general guideline: life insurance coverage of 10 times your annual income, plus total liabilities (mortgage, practice loans), is a sensible starting amount. TPD coverage of 5 times annual income is a common recommendation. Obtain independent financial advice for your specific situation.

## **Property Investment: The Path Most Indian Dentists Follow**

Australian property is one of the most consistent wealth-building assets for high-income professionals. Most Indian dentists who achieve financial independence in Australia do so through a

combination of: (a) high clinical income, (b) compounding superannuation, and (c) residential property investment.

First home purchase is typically the priority in Years 2–5 of Australian career. With a AUD 150,000 income, you can borrow approximately AUD 700,000–850,000 for a home purchase (subject to credit assessment). In cities like Adelaide, Hobart, Brisbane and Perth, this provides access to quality family homes in excellent school zones.

Note: Property prices fluctuate significantly. The figures below are approximate medians as of early 2026. Verify current data at [domain.com.au](http://domain.com.au) or [realestate.com.au](http://realestate.com.au) before making any property decisions.

City	Median House Price (2026 Approximate) and Dentist Affordability
Sydney	AUD 1,550,000 median — requires dual income or very high savings
Melbourne	AUD 990,000 median — achievable on dentist income with deposit
Brisbane	AUD 870,000 median — very achievable; strong capital growth trajectory
Perth	AUD 780,000 median — affordable; good rental yields; strong Indian community

Adelaide	AUD 720,000 median — most affordable capital city; excellent lifestyle
Hobart	AUD 630,000 median — very affordable; exceptional livability
Regional cities (Ballarat, Townsville etc)	AUD 380,000–550,000 median — very affordable; maximises purchasing power

## Sending Money Back to India: Remittances and Financial Management

Most Indian dentists in Australia support family in India. The optimal strategy for regular remittances:

- Use specialist money transfer services rather than bank international wire transfers — Wise (formerly TransferWise), Instarem, and CurrencyFair consistently offer 2–4% better exchange rates than Australian banks
- For large transfers, compare rates across multiple providers on the day of transfer — rates fluctuate
- Keep records of all remittances for both Australian and Indian tax purposes
- India's FEMA regulations permit non-resident Indians to maintain NRE (Non-Resident External) accounts for foreign earnings — these accounts are tax-free in India for income earned outside India

- Seek tax advice from an accountant familiar with both Indian and Australian tax obligations if you have significant India-based income or property

## CHAPTER 11C

# The Dental Family Migration Guide: When Both Partners Are Healthcare Professionals

*Special strategies for dental couples, doctor-dentist families and healthcare professional households*

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A significant proportion of Indian dentists who migrate to Australia do so as part of a dual-professional household — dental couples, dentist-doctor combinations, dentist-nurse pairs, or other healthcare professional partnerships. This chapter addresses the specific strategies and opportunities available to dual-professional households.

## Dual Dentist Households: Maximising Both Pathways

When both partners are Indian-trained dentists, the migration opportunity is exceptional — both partners will be in high demand in Australia, both can pursue their own ADC and AHPRA pathways independently, and together they qualify for additional points in each other's skilled visa applications.

Scenario	Strategic Approach
Both dentists at same stage	Submit EOIs simultaneously; apply for state nomination

	together from same state; both benefit from partner's skills assessment bonus points
One dentist ahead in ADC process	Leading partner applies first; trailing partner applies as secondary applicant or separately once qualified; stagger applications for cash flow
Dental couple considering practice ownership	Consider purchasing a 2-chair practice from Day 1 of joint AHPRA registration; two dentists = higher production capacity = faster ROI
One partner with regional ADC stage pending	Leading partner takes regional employment; builds points for both; 491 pathway with regional bonus maximised

The partner skills assessment bonus is particularly important for dental couples. If your spouse holds an ADC skills assessment in dentistry and has Proficient English (IELTS 7.0+), you earn 10 additional points on your own EOI. This frequently makes the difference between waiting 18 months for an invitation and receiving one in 3 months.

## Dentist-Doctor Households

Indian doctors (MBBS) pursuing Australian medical registration face a different pathway through the Australian Medical Council (AMC), but the principles of coordinated migration strategy are the same. Key points for dentist-doctor couples:

- Both dental and medical occupations are on the MLTSSL — both partners are independently eligible for the Subclass 189 pathway
- The AMC examination pathway is structurally similar to the ADC pathway — coordinate preparation timelines to avoid one partner being on a dependent visa while the other works
- Consider state nomination for the 190 or 491 with one partner as primary applicant and the other as secondary — the secondary applicant can still work once AHPRA/AMC registered
- Income security during transition: the first partner to achieve registration should be the primary earner while the second completes their pathway
- A PER from Dreamvisas can map the optimal sequencing for your specific household combination

## **Dentist-Nurse and Other Allied Health Combinations**

If your spouse is a registered nurse, physiotherapist, pharmacist, or other allied health professional, they also qualify for a separate skilled migration pathway. Allied health professions are widely listed on Australian state occupation lists and the MLTSSL.

For visa purposes, the partner with the higher points score should typically be the primary applicant, with the other partner as a secondary applicant. A skilled, AHPRA-registered nurse contributes 10 bonus points to a dentist's primary application — a significant advantage.

## Children, Schools and Family Reunion

Children under 18 are included on your skilled migration visa as dependants. They do not need separate visa applications, do not pay additional large fees (a reduced secondary applicant fee applies), and they gain Australian permanent residence simultaneously with you.

Child's Age at Migration	Educational and Visa Considerations
0–5 years (pre-school)	Easiest adaptation; will grow up Australian; pre-school available from age 3–4; childcare subsidy available for PR holders
6–12 years (primary school)	Good adaptation capacity; mainstream state school recommended; ESOL support available if needed
13–15 years (early secondary)	Moderate adaptation; peer networks crucial; school selection important — avoid

	highly competitive entry schools initially
16–17 years (senior secondary)	Most challenging adaptation age; consider timing of migration relative to Board examinations completion in India; Year 11/12 transition requires careful school selection
18+ years (adult children)	Not automatically included on parent's PR visa — need own visa unless dependent student; complex situations need PER advice

## Parents and Extended Family: The Long Game

Bringing parents to Australia permanently is one of the most emotionally important but financially complex aspects of Indian dentist migration planning. The honest picture:

- **Contributory Parent Visa (Subclass 143/864):** Current government contribution approximately AUD 44,000 per parent — this is payable by the sponsoring child. For both parents, approximately AUD 88,000. Processing time for Subclass 143 is currently 2–4 years.
- **Standard Parent Visa (Subclass 103):** No large upfront government contribution, but queue processing time is currently 25–30+ years — effectively not a practical option.

- **Temporary Sponsored Parent Visa (Subclass 870):** Allows parents to live in Australia for 3–5 years on a temporary visa; renewable; sponsor pays AUD 5,000–10,000 per application; does not lead directly to PR.
- **Visitor Visa (Subclass 600):** Parents can visit for up to 12 months at a time. Many Indian families use extended visitor visas while building financial capacity for a contributory parent visa.
- **Recommendation:** Budget the Contributory Parent Visa cost into your 5–10 year Australian financial plan. Most Indian dentists with 5+ years of Australian dental income can fund this — but it requires intentional planning.

## CHAPTER 11D

# Real Migration Stories: Five Indian Dentists Who Made It — And What You Can Learn from Each One

*The lessons that textbooks do not teach — from dentists who have done it*

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The following case studies are based on composite profiles of real Indian dentists who have navigated the Australian dental migration pathway. Names and identifying details have been changed. Each story illustrates a different pathway and reveals the decisions that made the difference.

## Case Study 1: Dr. Priya Sharma — The Classic ADC Pathway, Done Right

<b>Profile</b>
Age at migration decision: 27   BDS from Bharati Vidyapeeth Pune   3 years post-graduation experience
Migration pathway: ADC Written + Practical → AHPRA → Subclass 190 (Queensland nomination)
Total pathway duration: 22 months   Current location: Brisbane   Current income: AUD 145,000

Dr. Priya's success came from three decisions: she started a Personal Evaluation Report before committing any money to the process, she aimed for IELTS 8.0 from the outset (achieving 8.5), and she chose Queensland nomination rather than waiting for a Subclass 189 invitation. The IELTS 8.0 gave her 20 points instead of 10 — a decision that saved her an estimated 12 months of waiting.

Her advice: 'The IELTS was the easiest part of the whole process, but I took it for granted the first time and scored 7.5. I retook it 3 months later targeting 8.0, which I achieved. Those 10 extra points compressed my timeline by at least a year. I wish I had aimed higher from Day 1.'

## Case Study 2: Dr. Arjun and Dr. Kavya Mehta — The Dental Couple Strategy

<b>Profile</b>
Ages at migration decision: 31 (Arjun) and 29 (Kavya)   Both BDS from Manipal   Both 5+ years experience
Migration pathway: Both completed ADC simultaneously   Both received AHPRA General Registration   Subclass 190 Victoria (Kavya as primary applicant — higher points score)
Total pathway duration: 26 months   Current location: Melbourne   Combined current income: AUD 310,000

The Mehta couple's key insight was identifying that Kavya had the higher points profile (younger, IELTS 8.5 vs Arjun's 7.5) and

making her the primary visa applicant. This gave them maximum points and faster invitation. Arjun's skills assessment provided the 10-point partner bonus on Kavya's application. They are currently in the process of purchasing a two-chair dental practice in Melbourne's outer eastern suburbs.

Arjun's advice: 'We almost made the mistake of applying separately thinking we'd have two independent shots at an invitation. Our consultant showed us that coordinating with Kavya as primary and me as secondary with my own ADC assessment as partner bonus was far more powerful. The combined approach was everything.'

### Case Study 3: Dr. Rohit Desai — The Regional Fast-Track

<b>Profile</b>
Age at migration decision: 35   MDS Prosthodontics from KLE Belgaum   8 years experience including 3 years abroad
Migration pathway: ADC → AHPRA → Subclass 491 Northern Territory nomination → Subclass 191 PR (3 years)
Total pathway duration: 28 months to AHPRA registration; 3 years to PR   Current location: Darwin   Current income: AUD 195,000

Dr. Rohit's situation was complicated by his age. At 35, every year of delay reduced his age points. He needed a fast pathway to PR. The Northern Territory 491 nomination gave him 15 extra

points for the provisional visa and required 3 years of regional work before PR. He was honest with himself: Darwin was not his dream city, but the financial and career outcomes justified the commitment.

His advice: 'Darwin is an extraordinary place to practise dentistry. The shortage is real — my first week I had a waiting list of 200 patients. I earn more than most of my classmates in Mumbai, I have owned my home for 2 years, and my PR application is approved. My family joined me after 12 months. If I had waited for a 189 invitation in Sydney, I would still be waiting.'

## Case Study 4: Dr. Sunita Kulkarni — Overcoming ADC Practical Failure

<b>Profile</b>
Age at migration decision: 29   BDS from Government Dental College Nagpur   4 years experience
Migration pathway: ADC Written (passed first attempt) → ADC Practical (failed first attempt, passed second) → AHPRA → Subclass 189
Total pathway duration: 34 months   Current location: Perth   Current income: AUD 160,000

Dr. Sunita's story is important because it represents the reality for approximately 40–50% of Indian dentists who sit the ADC practical examination — a first-attempt failure. Her written

examination pass was solid, but she underestimated the practical examination. She sat it without specific Melbourne coaching, failed on rubber dam technique and time management, and needed to wait 6 months for the next available sitting.

The second attempt, after a 5-week Melbourne residential coaching program, was a pass. She has no regrets about the coaching cost (AUD 8,500). 'I spent AUD 8,500 and delayed by 6 months. But I know dentists who struggled through multiple attempts because they kept trying to self-prepare. Specific coaching on Australian technique standards made a decisive difference for me. If you are going to sit the practical, get proper hands-on preparation first.'

## Case Study 5: Dr. Vikram Rao — The Employer-Sponsored Pathway

<b>Profile</b>
Age at migration decision: 38   BDS + MDS Periodontics from Tamil Nadu   12 years total experience including 4 years UAE
Migration pathway: TSS 482 visa sponsored by regional Queensland dental group → ENS 186 PR after 3 years employment
Total pathway duration: 3 years from 482 to PR grant   Current location: Townsville, Queensland   Current income: AUD 185,000

At 38, Dr. Vikram's age points were 25 — not 30. His points score without employer sponsorship would have required waiting 18+ months for a 189 invitation. The employer-sponsored pathway bypassed the points queue entirely. The dental group that sponsored him specifically sought a periodontist to expand their service offering — a genuine specialist need, not an exploitation of the visa system.

His advice: 'Know what you are worth in the Australian market before accepting any sponsorship offer. I spoke with three other dental groups who all quoted significantly below market rates, apparently assuming that visa-dependent candidates would accept less. I walked away from all three. The fourth group offered a market rate because they genuinely needed a periodontist and understood that paying below market would lose me within 12 months. Know your value.'

## Common Themes Across All Five Case Studies

Reading these five journeys together, several consistent themes emerge that define successful Indian dentist migration to Australia:

- Professional advice before commitment: Every successful migrant obtained a PER or equivalent professional assessment before investing significant money. None of them figured it out from Google and WhatsApp groups alone.
- English is not an afterthought: Every successful migrant aimed for the highest English score they could achieve,

not the minimum required. The investment in IELTS 8.0 preparation consistently provided the highest return of any single pathway investment.

- Practical examination coaching is strongly associated with first-time passes: in our case files and across candidate feedback, those who failed the ADC practical examination had typically not undergone specific Melbourne-based hands-on coaching, while those who passed on first attempt had most commonly done so. This is a pattern, not a guarantee — but the evidence is consistent.
- Regional practice is a strategic choice, not a compromise: Multiple successful case studies chose regional locations not as a fallback but as a deliberate strategy — and consistently reported higher earnings, faster PR, and better quality of life than metropolitan-focused peers.
- The pathway rewards patience and planning: The typical 22–30 month pathway feels long when you are in it. Every one of the dentists above said the same thing at the end: the wait was worth it, and they wished they had started sooner.

## CHAPTER 11E

# The 15 Most Expensive Mistakes Indian Dentists Make When Migrating to Australia

*Avoiding these errors saves time, money and years of frustration*

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In 25+ years of guiding Indian professionals through migration processes, the same avoidable errors appear again and again. This chapter documents the 15 most costly mistakes Indian dentists make — so you can recognise and avoid each one.

### How to Read This Chapter: Legal vs. Strategic Mistakes

**LEGAL / COMPLIANCE** mistakes (marked [L]): These involve procedural requirements, documentation obligations, or regulatory rules. Errors here can stop your application entirely or result in visa cancellation. These are **MUST-DO** items — non-negotiable.

**STRATEGIC** mistakes (marked [S]): These involve planning, sequencing, and decision-making. Errors here cost time and money but are generally recoverable. These are **SHOULD-DO** items — best practice strongly recommended.

Understanding the difference helps you prioritise: fix all [L] items first, then optimise for [S] items.

## **Mistake 1 [S]: Starting with the Visa Instead of the ADC**

Many Indian dentists contact visa agents first, expecting to get the visa quickly and then figure out the registration pathway. The reality is reversed: the ADC pathway takes 18–30 months, and you cannot work as a dentist in Australia without completing it regardless of what visa you hold. Start with the ADC. The visa follows from successful ADC completion and AHPRA registration.

## **Mistake 2 [L]: Underestimating IELTS Preparation**

The IELTS 7.0 minimum requirement sounds manageable to most Indian dentists educated in English-medium colleges. The reality is that achieving 7.0 in all four bands consistently — particularly Writing — requires specific preparation. Dentists who take IELTS without preparation frequently score 7.0 or 7.5 in most bands but 6.0 or 6.5 in Writing, failing the minimum. Each failed attempt costs AUD 385 and 2–3 months of delay.

## **Mistake 3 [S]: Aiming for the Minimum Points Score**

Submitting an EOI at 65 points is permitted, but in recent invitation rounds, competitive scores for dentists have typically been in the 85–90 range. Many candidates expend enormous energy getting to 70 or 75 points when the threshold for timely invitation is considerably higher. Aim for 85+ from the beginning and build your pathway strategy around that target. Always

check the most recent SkillSelect invitation round data before finalising your strategy.

## **Mistake 4 [L]: Not Apostilling Documents Before Leaving India**

The apostille process through India's Ministry of External Affairs takes 2–4 weeks and requires original documents. Many dentists leave India without apostilled credentials and then need to courier originals back from Australia — expensive, stressful, and entirely avoidable. Apostille everything before you leave.

## **Mistake 5 [L]: Missing the NCRB Certificate Expiry**

AHPRA requires your NCRB criminal history certificate to be current — typically issued within the past 12 months. Many dentists obtain their NCRB certificate early in their ADC pathway preparation and find it has expired by the time they are ready to submit their AHPRA application. Apply for the NCRB certificate no more than 10 months before you expect to lodge your AHPRA application.

## **Mistake 6 [S]: Sitting the ADC Practical Without Melbourne Coaching**

This single mistake has cost hundreds of Indian dentists 6–12 months and AUD 5,000+ in additional examination fees. The ADC Practical Examination tests specific techniques to specific

Australian standards. Self-preparation without hands-on coaching at an Australian facility that uses ADC-format typodont setups leaves you guessing at technique. Go to Melbourne. Do the course. Pass the examination once.

## **Mistake 7 [S]: Accepting the First Employment Offer Without Negotiation**

Newly registered overseas dentists in Australia are sometimes offered sub-market rates by employers who assume the visa-dependent dentist has no negotiating power. At the time of Australian dental registration, you have significant market value — particularly in regional areas where demand is acute. Research the market rate (ADA fee surveys, seek.com.au advertised positions) before accepting any offer. You should be earning at minimum AUD 500 per day guarantee or 38–42% of production.

## **Mistake 8 [S]: Choosing a Metropolitan Location for Status Over a Regional Location for Wealth**

The aspiration to live in Sydney or Melbourne is understandable — they are world-class cities. But the financial reality for a dentist in their first 5 Australian years is that regional or outer suburban practice provides substantially better wealth accumulation. Lower housing costs, less competition, regional bonuses, and often higher dental fee schedules outside metro areas compound significantly over time.

## **Mistake 9 [S]: Not Submitting the EOI Immediately After Passing ADC Written**

Many candidates wait until they have completed the practical examination and obtained AHPRA registration before submitting their EOI — losing up to 12 months of queue time. Submit your EOI as soon as you pass the written examination. You can update your points score when you receive AHPRA registration and state nomination — but your queue position dates from initial EOI submission.

## **Mistake 10 [L]: Applying for State Nomination Without Demonstrating Genuine Intent**

State nomination requires a genuine commitment to live and work in the nominating state. Applications that appear to use state nomination purely as a visa mechanism — with no evidence of genuine intent to reside in that state — are rejected. Research your target state, provide substantive evidence of your intention (employment offer, rental enquiries, school research for children), and make your commitment genuine and demonstrable.

## **Mistake 11 [S]: Not Using a Registered Migration Agent for the Visa Application**

The ADC and AHPRA processes can be navigated independently. The visa application is more complex — particularly for applicants with any complicating factors such as prior visa rejections, criminal history declarations, health

condition disclosures, complex family situations, or employer sponsorship arrangements. A registered migration agent (or RCIC with Australian expertise like Manoj Palwe at Dreamvisas) reduces the risk of costly errors. For straightforward 189/190 applications, agent fees of AUD 2,000–4,000 are a sound investment.

## **Mistake 12 [S]: Ignoring Tax Planning in the First Year**

Without Australian tax planning, dentists routinely pay AUD 5,000–15,000 more tax than necessary in their first Australian year. Common errors: not claiming all available deductions, not implementing salary sacrifice strategies, not purchasing income protection insurance (the premiums are deductible), and not engaging an accountant before June 30 of your first Australian financial year. A good accountant costs AUD 500–1,500 per year and typically saves 3–10x that amount in the first year alone.

## **Mistake 13 [S]: Neglecting Mental Health During the Transition**

Migration is psychologically demanding, and dental practice in a new cultural and regulatory environment adds additional stress. Indian dentists who do not proactively build a support network — through IDAA chapters, colleagues, family connection, and if needed professional support — are at higher risk of burnout, anxiety, and performance issues that can affect both clinical performance and AHPRA registration status. Seek community

actively. Use the ADA's Dental Practitioner Health Program if you are struggling.

## **Mistake 14 [S]: Treating Practice Ownership as a Distant Dream Rather Than a 5-Year Plan**

Indian dentists who set a clear 5-year practice ownership goal from Day 1 of their Australian career make systematically different financial decisions than those who treat ownership as something that might happen someday. Build super aggressively, save for a deposit, maintain your credit profile, and begin researching the practice acquisition market from Year 2. By Year 5, you should be in a position to purchase — not just beginning to consider whether it is possible.

## **Mistake 15 [L]: Not Updating the EOI After Receiving State Nomination or New Points Factors**

Your EOI in SkillSelect must reflect your current points profile. If you receive state nomination, pass additional examinations, gain Australian work experience, or your partner's circumstances change — update your EOI immediately. An outdated EOI that understates your points will delay your invitation. This is an administrative task that takes 15 minutes but is frequently overlooked.

## CHAPTER 13

# Essential Resources, Links and Contacts

*Every official source you need — verified February 2026*

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Organisation	Website	Purpose
Australian Dental Council (ADC)	<a href="http://adc.org.au">adc.org.au</a>	Skills assessment, examination registration, candidate handbook
AHPRA	<a href="http://ahpra.gov.au">ahpra.gov.au</a>	Dental practitioner registration, renewal, CPD requirements
Dental Board of Australia	<a href="http://dentalboard.gov.au">dentalboard.gov.au</a>	Registration standards, code of conduct, guidelines
Department of Home Affairs (DIBP)	<a href="http://homeaffairs.gov.au">homeaffairs.gov.au</a>	All visa information, applications, policy documents
SkillSelect	<a href="http://skillselect.gov.au">skillselect.gov.au</a>	EOI lodgement, invitation tracking
Pearson VUE	<a href="http://pearsonvue.com">pearsonvue.com</a>	ADC Written Examination booking
IELTS Australia	<a href="http://ielts.com.au">ielts.com.au</a>	IELTS Academic test registration

OET	<a href="http://oet.com">oet.com</a>	OET test registration, practice materials
Australian Dental Association	<a href="http://ada.org.au">ada.org.au</a>	Professional body, CPD, job board, PII policies
NCRB India	<a href="http://ncrb.gov.in">ncrb.gov.in</a>	Criminal Record Certificate for AHPRA
Pearson VUE ADC	<a href="http://adc.org.au/examinations">adc.org.au/examinations</a>	Practical examination information
Medicare	<a href="http://servicesaustralia.gov.au">servicesaustralia.gov.au</a>	Medicare enrolment for permanent residents
Australian Taxation Office	<a href="http://ato.gov.au">ato.gov.au</a>	Tax File Number application
Seek	<a href="http://seek.com.au">seek.com.au</a>	Employment search — Australia's largest job board
Dreamvisas	<a href="http://dreamvisas.com">dreamvisas.com</a>	Personal Evaluation Report, visa consultation

## Professional Associations Worth Joining

- Australian Dental Association (ADA): Primary professional body — join as soon as you arrive. CPD, networking, insurance, advocacy.

- Indian Dentists Association of Australia (IDAA): Strong support network for Indian dentists — chapters in Sydney, Melbourne, Brisbane, Perth.
- Australian Society of Endodontology, Australasian Academy of Paediatric Dentistry, and other specialist societies: Join when relevant to your clinical focus.

## **Recommended Books and Study Resources for ADC**

- Kumar and Clark's Clinical Medicine — for systemic disease oral manifestations
- Shillingburg: Fundamentals of Fixed Prosthodontics — essential for prosthodontics stations
- Ten Cate's Oral Histology — oral biology examination component
- Carranza's Clinical Periodontology — periodontics theory and practice
- Cohen's Pathways of the Pulp — endodontics preparation
- ADC Candidate Handbook — the single most important study document; read it three times
- Dreamvisas YouTube Channel (@Dreamvisas) — 700+ educational videos on Australian migration pathways

## CHAPTER 14

# Also in the Dreamvisas Immigration Series

*Other guides by Manoj Palwe — RCIC R422575 | MIA Examination Qualified | CAPIC Fellow R11592*

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The Dreamvisas Immigration Series provides comprehensive, step-by-step migration guides for skilled professionals across multiple countries and visa types. Every guide is written to the same standard as this book — current, honest, and actionable.

## Australian Migration Series

- Australian Skilled Migration 2026: The Complete Points Test and Visa Guide — covers the full skilled migration points test across all occupations
- Australian State Nomination Master Guide 2026 — comprehensive coverage of all eight state nomination programs
- Subclass 491 Regional Visa 2026: Your Fast-Track to Australian PR — dedicated guide for regional pathway strategy
- AHPRA Registration for Indian Healthcare Professionals 2026 — covers nurses, doctors, pharmacists, allied health

- **Australia Resident Return Visa 2026 — essential guide for Australian PR holders needing to maintain residence obligations**

## **Canadian Immigration Series**

- **Express Entry CRS Maximisation Guide 2026 — how to score 480+ CRS and receive an ITA**
- **Canada Visa Refusal Secrets 2026 — the most common refusal reasons and how to overcome them**
- **Canadian Study Permit to PR 2026 — the complete post-graduation work permit to PR roadmap**

## **Your Next Step**

For a personalised assessment of your own migration options — whether you are an Indian dentist at the beginning of this journey or already mid-pathway and need strategic guidance — a Personal Evaluation Report (PER) from Dreamvisas is your most valuable next investment.

For a professional assessment of your specific immigration case, consider a Personal Evaluation Report (PER) with Manoj Palwe at [dreamvisas.com](https://dreamvisas.com).

## A Request From the Author

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If this book helped you understand your options or avoid a costly mistake, please leave an honest Amazon review. Two minutes — it helps the next person in the same situation.

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- Go to the Amazon product page for this book (search: 'Indian Dentist Migration to Australia 2026')
- Scroll to the 'Customer Reviews' section
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## About the Author

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MANOJ PALWE is a Regulated Canadian Immigration Consultant (RCIC R422575), CAPIC Fellow (R11592), and MIA Examination Qualified immigration consultant with over 25 years of experience in Canadian and Australian immigration. As President of Taurus Infotek Inc. (Dreamvisas), he has assisted more than 10,000 families and is recognised as one of the most trusted immigration consultants in the South Asian community.

He holds 20,000+ YouTube subscribers on the Dreamvisas channel, 600+ LinkedIn recommendations, and has been featured as Migration Visa Consultant of the Year (2014, Acquisition International, UK).

Manoj operates from offices in Toronto, Canada and Pune, India. His Personal Evaluation Report (PER) service has been used by hundreds of Indian dentists, doctors, engineers, and accountants planning their migration to Australia and Canada.

<b>Also in the Canadian and Australian Immigration Series</b>
Australian State Nomination Master Guide 2026
Express Entry CRS Maximisation Guide 2026
Canada Visa Refusal Secrets 2026

Subclass 491 Regional Visa 2026: Your Fast-Track to Australian PR

AHPRA Registration for Indian Healthcare Professionals 2026

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For personalized guidance on your immigration journey,  
reach out to our team.

*Thank you for reading!*  
*Best wishes for your journey ahead.*