Volume 8, No. 3, July 2002

Does History Take Us Where We Are Going?

Having talked recently to the existing powers-that-be in prosthodontic organizations, their spin is: "key-up on the diminution of prosthodontics in the schools; we are worried!"

Yes, there are always continuing adjustments in the curriculum, but they say the problem isn't prosthodontics as a discipline, but the problem is that prosthodontics has been swallowed up by "restorative dentistry." In the schools and elsewhere prosthodontics is not identifiable. It has no power base; no one speaking for it; no advocate in dental school administrations. — Surprise, surprise!

History

A little more than ten years ago these same present-day problem seekers for prosthodontics were supporting discipline related organizations with their votes. Their position was that the potentially strongest organization in prosthodontics, the American College of Prosthodontists, should not take control of the specialty. Repeat, SHOULD NOT! It was good enough that the sponsor of the American Board of Prosthodontics and the parent of the specialty would remain a grouping of organizations made up of general dentists, grandfathered specialists and some specialists by bona fide training.

Coincidentally they were supporting the proposition that the all encompassing organization in prosthodontics, the Federation of Prosthodontic Organizations, could very well be headed by a general dentist, a non-specialist, or an early-day restorative dentist. Even today, their old line organizations nominate, support and vote for such leaders.

And finally, when the 1980s trends-of-the-day among Deans became:
•reorganization" equals "change";
•department consolidation would lead to better resource management; and
•assignment of generalists to teaching duties in any discipline would ease faculty recruitment, there was little outcry from leaders in the FPO or the old line discipline related organizations.

That war, eventually lost by the specialty's non supporters, some who have now become present leaders in the American College of Prosthodontics, should not be fought again! But it is history and it has contributed directly to today's problem. How?

First, it sent a message to the school administrators that we were so busy warring among ourselves that we had no strong identity, nor any strong position against generalists representing us.

It also sent a message to the school administrators that the education which is necessary to carry out very precise prosthodontic treatments could be guided and carried out by those not additionally educated and trained beyond dental school. This told the school administrators that the teaching of prosthodontics was a mechanical thing, much the same as that taught in a "trade school." Of course that didn't fit well in the advanced medically related curricula the Deans were advocating. It quickly followed that university administrators got the same message, and they gobbled up seven (7) private dental schools between 1986 and 1998. Based on the same premise, the universities said, " who needs trade schools?"

And finally it sent a message that our skills weren't necessary in complicated treatments. Who defended our necessary skills? The generalists who didn't have them or the evidence based researchers who were looking for nits on elephant's backs? Who emphasized

continue on next page

that our skills in manipulating wax, recognizing occlusal relationships, seeing beauty in the correct alignment and shading of teeth, adapting newly developed materials to dental uses, and using an understanding of the stomatognathic system to produce beneficially physiologic occlusions would be to the patient's great benefit? Who defended our unique skills? Not the Deans; not the generalists; and not the old line organizations filled with those same generalists calling themselves prosthodontists.

If the nonrecognition problem continues to exist what are some solutions now being offered?

Strengthen the specialty's financial base.

A solution is to raise money and become influential by the use of it. This is a good solution. It is being advocated loudly and broadly by the American College of Prosthodontists Education Foundation. It is legal; it involves the dental industry and manufacturers of devices the specialty uses; it involves the laboratory industry, our sisters and brothers closely allied to the specialty; and it initiates a competitive spirit of giving in individuals. The *ProsStars Newsletter* is on record with its support of $5000.00, pledged to be given before this calender year is out. There are many ways the correct use of these monies can bring prosthodontics greater recognition in the schools, in dentistry as the specialty's referral base, in the public we serve and in the government that contributes to and controls much of our profession. When asked, know that this is a worthwhile initiative, and give freely.

Rename the specialty.

Another solution addressing our problem of nonrecognition is to change our name. This is a bad solution! We should use and state our specialty's name at every turn and on every occasion! It's unbelievable that the editor of the ACP's *Journal of Prosthodontics* thought that a new name would bring about recognition where there was none. We all know that there are nine American Dental Association recognized specialties. With exception of Oral and Maxillofacial Radiology, recognized in 1999, these dental specialties have been in existence and recognized for years. The correct action for any trained prosthodontist who attends a meeting not naming prosthodontics as a specialty on the registration form is to immediately point out the discrepancy to the meeting's organizers, in writing from the American College of Prosthodontists, if necessary. Any meeting's organizers who ignore prosthodontics as a specialty need educating. In not doing so, we fall into the trap of saying it makes no difference if we are grouped with those described as restorative dentists, comprehensive dentists as Panky Mann Institute graduates are called or family dentists, all of whom are now competing for any patient and any dollar. A reticence says our great name and our great history and our great skills, well described by our specialty's name, makes no difference! Don't believe it for a minute. Change our name and call us what you want? Not on your life!

And by the way, if we are at the same meeting or any other and a paid clinician who is a specialist in another discipline of dentistry talks of restorative dentists when they mean prosthodontists, we should directly and succinctly point out to that clinician that our identifications are as important as his or hers! We don't call periodontists dental hygienists, and they shouldn't title us restorative dentists. They do it, but we should never allow it, especially when we are paying them to present in our meetings.

Be recognized by dentistry.

To its credit, the recent *Future of Dentistry* document, copyrighted and printed by the American Dental Association's Health Policy Resource Center does recognize prosthodontics. The document is available for reading or purchase on the ADA.org website. It took three years to develop, and it becomes the latest "road map" in the series of similar reports previously discussed by the *ProsStars Newsletter**. Its contributors were charged to pinpoint trends, separate the known from the speculative and to offer logical predictions concerning the future. The developers adequately fulfilled that charge.

The participants in its development who came from prosthodontics should be congratulated. They highlighted our specialty with exceptional clarity. They were:

---

*The Institute of Medicine Study of Dental Education: Issues Affecting Prosthodontics. *ProsStars Newsletter*, Vol. 2, No. 4, Oct. 1996 and Vol. 6, No. 2, April 2000.

The Surgeon General's Report on Oral Health in America. *ProsStars Newsletter*, Vol. 7, No. 1, Jan. 2001

▸ Thomas J. McGarry: a Member of the Oversight Committee and the immediate past president of the ACP.

▸ Edward J. Cronin: a Constituent Dental Society attendee and the Executive Director of the ACP.

▸ William Kotowicz: a Public Conference attendee, an ACP Fellow, and Dean of the University of Michigan School of Dentistry.

the ADA's *Future of Dentistry* report

It is important to review the report from the standpoint of prosthodontics as a specialty, understanding that the report accepts prosthodontics as an important and recognizable part of dentistry. This *ProsStars* summary of the report attempts to focus on statements of fact and future remedies to problems which have the possibility of success. The statements are extracted from the report, but do not always quote directly. The statements serve mainly as "emphasis points" for the reader to review, and they are:

Too often important issues in dentistry are presented to the public as controversies. Rather, our agenda should target and captivate our consumers by virtue of its importance and innovation. [page 9]

Creation and adoption of uniform diagnostic codes on which to base evidence-based therapies will help eliminate the current misapplications of evidence-based clinical practice. [page 12]

Prosthetic services will continue to be large part dental practice. Given longer life expectancy and the inevitable loss of teeth by the older population, it is imperative that the resources for providing the needed restorations are made available. Abdication of the dentist's role in the laboratory phase due to educational cost/convenience must not create a vacuum of knowledge in the profession. Dental school curriculums must maintain sufficient focus and resources to continue to prepare dentists to provide prosthodontic/restorative therapies that continue the majority of the service component of a general dental practice. [page 13]

Areas in the dental education curriculum that should receive greater emphasis should include esthetic dental techniques and implant prosthodontic therapy. [page 20]

Until we reach a state where all diseases can be actively prevented, the need for improved rehabilitative therapies remains. [page 24]

From 1980 to 1995 the use of complete dentures decreased by 75% in 35 to 44 year olds and 50% in people over 65 years of age. The absolute number of edentulous patients increased despite the decrease in the percentage of the population that was completely edentulous. [pages 32 and 33]

The ratio of general dentists to dental specialists has remained stable at 4:1. Ultimately, the ratio may decrease to 3:1. [page 37]

Graduates of dental laboratory technician (DLT) programs decreased from 722 in 1989/99 to 490 in 1998/99. The number of accredited DLT programs was 59 in 1984 and declined to 34 in the 1998/99 year. The enrollment in DLT programs was less than half of capacity in the 1998/99 academic year. Because of these shortages, U. S. dentists may find increasing amounts of laboratory procedures completed outside the United States. [page 43]

Dental esthetic services will increase as the demand for all types of cosmetic services increase. An increase in implant services is also expected. The number of root-form dental implants placed each year in the U. S. will increase approximately 4% per year (about 610,00 in 2003). The convenience-driven shift from two-stage tooth-form implant to one-stage and immediate-loading designs will continue. [page 44]

Although most dental care will continue to be provided by general dentists, it is plausible that self-referral to specialists may increase somewhat. [page 48]

The number of individuals with at least one edentulous arch will increase through 2020, suggesting that the demand for traditional removable prosthodontic services will not decrease in the short term. The demand for fixed prosthodontic services is expected to remain strong. The surgical placement of dental implants will remain part of the specialties of both periodontics and oral and maxillofacial surgery. Surgical placement of implants by prosthodontists and general dentists will continue to increase. Prosthodontists and general dentists will continue to direct the scope of implant restoration. [page 48]

Seventeen licensing jurisdictions have some specific statutes and/or regulations that define the scope of specialty practice and issue some sort of license for specialty practice. [page 79] Most states do not regulate dental laboratories or dental technicians [page 81] Independent practice by dental laboratory technicians does not best serve the public. [page 86]

The IOM (Institute of Medicine) study emphasized that dental schools must move closer to the academic, research, and patient care missions of medical schools. Extensive dental/medical research interactions promoted and funded by the NIDCR (National Institute of Dental and Craniofacial Research) and as reported by them has lessened the traditional distinction between the medical and dental sciences. [page 90]

The most significant factor contributing to the high cost of dental education is the clinical education and patient care training. In medicine this is largely borne by hospital budgets, not the university. This type of cross-subsidy is not available to dental education programs. [page 91]

Observations noted that a dental faculty shortage may be developing. The report's statistics indicate a steady rise in reported vacant faculty positions. A reported vacancy number of 311 in 54 dental schools averages 5.8 vacant positions per school. [page 99]

Since 1971, annual first-year enrollment into ADA-recognized specialty programs has consistently hovered at just under 1200 students per year. Between 18-21% of dental school seniors apply to dental specialty programs. The Graduate Medical Education (DGME) program, funded by Medicare, has removed one of the major burdens faced by dental specialty training programs [that being financial]. These programs are constantly subject to governmental review and modification. [page 101]

If current trends: 1) salary differential for entry positions; 2) laboratory in-house training is more efficient; and 3) the steady migration of laboratory work out of the U. S. continue, there will be a demise of dental laboratory technology education. [page 106]

The ADA 1997 *Survey of Dental Practice* revealed that the net income of dental specialists is double that of general dentists. As long as there are positive financial incentives to specialization, dentists will become specialists. Scholarly dental specialists will be increasing important to help the nation's dental schools maintain a first-class teaching faculty. [page 111]

The replacement of lost teeth with dental implants now represents a new therapeutic option. The [positive] predictability of endosseous dental implants in fully and partially edentulous patients has been clearly demonstrated in longitudinal studies. [But most] replacement of lost teeth will rely on traditional prosthodontic techniques combined with the application of tooth sparing dental materials. [page 122]

The total lifetime cost for each year's cohort of children born with oral clefts is estimated at $697 million, about $100,000 per child. [Considering] both syndromic forms of orofacial clefting and other craniofacial disorders, where specific disease gene mutations have been identified, it becomes important for dental professionals to make genetic counseling referrals. [page 127] The dental components to the cleft/craniofacial team represent some of the most significant contributions to total patient rehabilitation, [and this includes] prosthodontics. [page 128]

The International Organization of Standardization [ISO] is a non-governmental organization whose main objective is the development of worldwide standards that facilitate international trade and product safety. The ISO is represented in the United States be the American National Standards Institute (ANSI) through the United States Technical Advisory Group (TAG). The U. S. TAG is composed of seven SubTAGS which are responsible for a particular category of standards [and Prosthodontic Materials is one of the seven groups]. [page 160]

Dentistry has evolved into a global profession in which collaboration among countries will result in better oral health. The future of dentistry will depend on the ability to exchange knowledge and expertise with others around the world in a free and open environment. Only through international cooperation and collaboration will dentistry in the United States attain its highest potential. [page 156]

[Although not in a data base, one can predict that] the global prevalence of dentalfacial anomalies [including] cleft lip, cleft palate, salivary gland disorders, and oral cancer [is high]. Basic methods and procedures for collecting these data are needed. [page 158]

Conclusion

Prosthodontics lives! It is well accepted in dentistry and medicine, and it contributes a vitally necessary part of total patient care. During the past 75 years, the specialty of prosthodontics has evolved into an indispensable part of dentistry as a whole. Prosthodontics as a specialty cannot be eliminated, diminished, or forgotten. It is absolutely necessary in carrying out complicated patient treatments, and in guiding and directing treatments of lesser severity by those not specialty trained. The specialty must lay down and participate in curriculum development for the dental student, the laboratory technologist and the researcher-to-be in prosthodontics. Even though science may eliminate dental disease, which is highly unlikely in the near term, science will not eliminate the defects resulting from trauma, and prosthodontics and its specialty stand ready to bring all diseased and defected patients to function and near normal appearance.

The "fad" terms and titles of the day will come and go. Comprehensive dentistry, restorative dentistry, and family dentistry are all heard. But never let it be said that a prosthodontist doesn't treat in a comprehensive manner; or that he or she might neglect complete restoration of the stomatognathic system or the orofacial complex; or that they would have any qualm about treating any member of any family. The terms apply to all prosthodontists. The prosthodontist has no reason to want to reverse it and become part of fad identities.

As prosthodontists we can stand tall! Our past and present leaders have placed us well. We should have no doubts about who we are or what we do. We should say so at every turn and in every way possible. We are to be envied; no, respected, for what we do and the way we do it. Prosthodontics is here to stay. Let's enjoy it!

NDW