

“Our” Specialty

Our specialty is prosthodontics. We are prosthodontists, carrying out “our” special skills as taught and imparted in the years of our specialty training; training gained during two or three years beyond dental school. We know what we are; we know what we are identified as; and we know that we are a crucial, important part of the whole of dentistry.

If dentistry hurts, then our specialty hurts! The “one product fits all” dentist coming out of our dental schools can’t care for many of the problems patients bring to dentistry today. There has to be no long explanation of the need for specialists in dentistry. It’s been documented time and time again that four years of dental school just can’t cover it all. We know that there are treatments held by the specialists that the general dentist just can’t do. When we talk of the need for specialists, we are talking “necessary” specialty treatments that will bring patients to better health, total function and more normal appearance. We’re not talking income boosting treatments, or the quest for an “egocentric” practice; we’re talking some very essential needs for specialty treatment.

THE SPECIALTY’S PROBLEMS

Is dentistry hurting? Yes. Is our specialty hurting? Somewhat. Our problems seem to be mainly connected with those of dentistry. We should look at these problems understanding where dentistry is going and being sure that our

specialty’s leaders and our specialty’s assets are dedicated and directed toward every positive outcome for “our” specialty. We must insure our survival.

SPECIFIC PROBLEMS

I. The potential loss of Graduate Medical Education (GME) funding.

We agree with the American College of Prosthodontists and its president, Dr. Jonathan Ferencz. The cessation of this program by the Administrator of the Centers for Medicare and Medicaid Services (CMS), Mr. Thomas Scully, would be devastating to non-hospital based residency programs: namely those programs existing in 33% of our 40 dental schools.

Dr. Ferencz set forth the history and current actions underway to overturn the proposed rule change in the Summer 2003 *ACP Messenger*.

In an August 4, 2003 message from the ACP Central Office we were informed that the retroactive payback of all funds previously received by the dental schools had been rescinded. Further, the CMS would honor commitments to dental residents who entered their programs on or before October 2003.

This still leaves a potential ending for the program at the finish of this last entering class. There is work to do. By some means, no

by all means, the Congress should make provision to anchor the program in one legislation or another. Hiding the program under “medical” may more easily slip it by once again; but by rights, the deans, the American Dental Education Association, the ACP and other specialty organizations should stress the great importance and need for specialty education in dentistry. A Graduate Dental Education program is not asking too much!

Always keep in mind that the old identities of various disciplines of dentistry have disappeared in many dental schools. It would be an easy step for the deans to close down specialty programs if there will be no outside funding. What is left? Only the Veterans Administration and military service programs. The pure government programs are meant to serve only their designated constituencies as they should, and there is no way their products should be relied upon to serve the public.

II. Buying programs (And gaining control of them)

This is meant to be serious business! Yes, “business”! We may be seeing advanced dental education turned into a real money game. It has slipped up on us, and we must be aware of it for what it is.

Clearly, we are racing away from what pure unadulterated academia

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used to be. Academia's objective is to educate. Private universities became solvent based on good financial management, individual endowments, and generous alumni donations. Public universities exist at the pleasure of the state. State legislators have historically funded their dental schools by looking at all other education priorities in their states balanced against many other pressing state needs not related to education. It is understandable that many states do not want or cannot afford a public dental school.

Now there is a drastic change in the way money is coming to a few isolated advanced dental education programs. The source of money, the suspected intent of this type of gift and the exaggerated amounts of these so called "grants" (we'll call them grants for want of a better term) all have become suspect at this juncture.

There are two existing and ongoing examples of what has happened. First, a \$3.5 million dollar grant from the Irene and Gasper Lazzara Charitable Foundation went to Jacksonville University's Dental School of Orthodontics (a freestanding orthodontic program without a dental school). It is known that Dr. Lazzara is the managing partner and co-founder of the Orthodontic Education Company. It has been pointed out that objectives of this company are to increase the number of practicing orthodontists and to further broaden their practice opportunities. The second example of "new giving" is a \$3 million donation and a \$92.7 million commitment given to the University of Colorado Health Sciences School of Dentistry by the very same Orthodontic Education Company. As stated in the May 19, 2003 *ADA News* "the dental school plans to establish a new advanced specialty education program in orthodontics and build a new dental school the Lazzara Center for Oral-Facial Health."

Picture, if you will, a Colorado state legislator sitting in his or her General Assembly's Joint Budget Committee deliberating the budget for the University of Colorado Health Sciences Center. This should be an easy fix. Colorado gets a new school without using public funds. But then you as a legislator think, "who calls the shots from here on in? The dean who we pay, the Health Sciences Center or the for-profit company who built the school and established the new residency?" Maybe the answer for our legislature would be to turn the dental school lose, let it privatize and get rid of it for good! Now that would save the state some money!

Colorado's dean, Howard Landesman, assures us that there is no conflict of interest. He cites a litany of problems he and his school face, problems which this new funding will solve. The problems seem quite similar to those of other dental schools, private and public. It does seem strange, however, that this "new paradigm" of funding has been directed to a specialty that shows only a minor decrease in enrollments (2.8%) from 1991 to 1999. By contrast the specialty of prosthodontics showed more than a 30% decrease in enrollment at the end of the last decade. Further, it seems strange that the new paradigm of funding directed millions to a public school with no orthodontic program; the same school which serves a sparsely and rurally settled state. By contrast, a private school, the Georgetown School of Dentistry (now closed) had a viable orthodontic program. Its graduates continue to serve and have served a densely populated area, one continually in great need of orthodontic care. Where was this new paradigm of funding when Georgetown and the other great now closed dental schools needed it; and why have these isolated, but very sizable grants been activated now?

The American Association of

Orthodontists, the Florida Dental Association, the Colorado State Dental Association and finally, the Commission on Dental Accreditation are all asking these same questions and others. Orthodontists within the state of Colorado must have some suspicions as well. Something about this just doesn't smell right!

III. A return to proprietary training

Dentistry, and later its specialties didn't begin in academia. Historically, dentistry had its start in barbering, and later refined itself in proprietary circles. Dental manufacturing companies and large dental laboratories took it upon themselves to train dentists in the technologies of dentistry; such training being common into the last mid century. Prosthodontics, of all the specialties, was always closely allied to proprietary training.

In the early past century dentistry's envisionsaries knew that a true profession couldn't be built in the bowels of separate and apart manufacturing firms. No, the profession of dentistry had to join others in academia. The universities had to accept and understand and support dental education by establishing colleges and schools of dentistry. We had to earn respectability. By establishing research capabilities, publishing scientific journals, earning academic rank, and equalizing ourselves with other professions, we became part of creditable universities and academia.

Now, knowing that several great dental schools have been forced to close and others threatened, we see something new happening; something that may be taking steps backward, away from academia. What is happening has appearances of dental schools opening, but

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these new start-ups are found in strange places, with strange sources of money, and with objectives— for profit — that remain contrary to academia's objectives. By example, such schools are NOVA Southeastern in southern Florida and the new start-up school in Las Vegas. Now it has been announced that a little known university in Arizona, A. T. Still University, recently opened the doors to the Arizona School of Dentistry. Will wonders never cease; another warm-weather school at a "great" university!

In searching for a description of these schools, *ProsStars* asked a highly positioned dental school administrator* in the state of Florida for some background. He told us:

NOVA was based on an ability to make a profit. It has nothing to do with scholarship or an attachment to a strong university. They have no medical school. They have played it smart as many of their hires are pure political entities. This is beneficial because they are in a high population area with strong national and state government representation. NOVA is a beautiful school. They have tons of patients, and patients with money, being located in a semi-retirement area. There is an ample saturation of retired dentists from the north who are more than willing to work part-time for little or next to nothing. The economy there is good for dentistry, so no one particularly cares about the school's attachment or its financial base. Oh yes, the student tuition is in excess of \$30 thousand a year.

*Individual asked to remain anonymous and is not quoted directly.

The point of these remarks is not the specifics, whether valid or not. But the point is that a reversion of dentistry to a for-profit proprietary institution should be looked at as a very dangerous trend. Does such a new concept dental school affect the specialties in dentistry? Most certainly!

We believe the "trade school" concept:

- doesn't benefit patient treatment;
- doesn't benefit research;
- doesn't benefit the development of a faculty with superior dental skills;
- doesn't develop a faculty needing those core values, morals and ethical teachings so essential for the professional person beyond the classroom and the office;
- doesn't benefit the development of training needed for crucial specialty treatments; and
- it doesn't closely relate dentistry and its specialties to other health providing professions in an organized setting.

Are the specialties like the tail on the dog? Could be! Remember when the dog dies, the tail doesn't wag!

IV. Finally, it's all about money

In the final analysis, what we are talking about is probably not problems specific to advanced education in dentistry (the specialties), or even similar problems in dental schools. Every day we're hearing about the same problems in all of education, right down through all higher education and on into our local school districts. It's all about money!

Have tuition increases helped? Always, but not enough. Have restrictions in faculty salaries and decreases in general spending—if there honestly is such a thing helped? It hasn't seemed to. Has hiring deans with research backgrounds who can think of innovative research programs that

garner additional government funds helped? If a school like the University of Minnesota is any example it hasn't worked well. They have been threatened with closure by their state legislature for the past four or five years. The University of Michigan now replaces its retiring dean, a trained prosthodontist, with the Minnesota's researching dean. It's hard to believe that another state school is taking that risk.

For years, advanced dental education has been bemoaning the fact that we are training too many "foreigners". Is that helping? Well, it's kept many programs solvent. And it may not be proven that they all return home, never to benefit their training ground. One cannot validate their origins, but looking through the current directories of various dental organizations one can see many many names that can be tied to foreign origins. Today's globalization environment opens doors worldwide to every endeavor of life. As our world rapidly shrinks, rather than opening more schools of dentistry in warm weather and for-profit, maybe we should be generating an International School of Dentistry (with specialty programs), using our existing great facilities and talents to train the world's dentists. Not a "for-profit" school; but a self sustaining school. Worries about training "foreigners"? No, the marketplace will take care of itself.

Great credit has to be given the American College of Prosthodontists. Their stewardship of "our" specialty has been remarkably positive. Their foundations's increased endowment is a proven way to sustain education. Just review the financial health of all private schools, from elementary on up through the great universities. If there is a positive recommendation about money, it's this—make one of your major giftings to the American College of Prosthodontists Foundation. □