



Biting the Hand That Feeds You!

We've been through all of this and the decisions have been made—or forced. The specialty of prosthodontics has its third year of training in place. We have decided that to encompass all of the training needed in order to become competent in "implant dentistry," a year added to the old two years of training is necessary. The American College of Prosthodontists has even added the words "Implant, Esthetic and Reconstructive Dentistry" to its journal title, a broadening that just about covers everything that we are supposed to be doing. We took ourselves there ("there" including training in the surgical placement of implants) and the graduates of the new training are coming out.

A major speed bump in the road will occur should grants connected with the government's Medical Education program cease. With these grants, three years in training is tolerable. Without them, two years in training is a burden few can carry. But that aside, we are where we are now, and we must now live with the outcomes, at least for now.

Considering the third year of training, a recent conversation in the Washington, DC office of a trained prosthodontist went something like this:

"I have spent over ten years building this practice in prosthodontics. The practice is now one of the premier specialty practices in the city. I am not bragging, but I am doing well, achieving beyond my dreams. I am well known; my reputation for excellence is well accepted; and most important, my referral base for implant dentistry has become extensive, coming from oral surgeons, periodontists and a few well-trained general dentists all over the Washington, DC, Maryland and Virginia areas. I have now reached the place where I should, no must, consider bringing in a trained prosthodontist as an associate. I started that way and the need for associates to find a place to start is always there.

"Here's the problem: a newly trained prosthodontist wanting to begin practice will want to make use of the extensive training received in the surgical placement of implants and subsequently restoring them. That's what the ACP's journal says we do isn't it? And this associate I'm after wasn't born yesterday. The income gained from doing 'all' will be substantial. Wait a minute! When that happens, my referral bases will dry up. The oral surgeons, periodontists and general dentists I have courted so well and who now have great confidence in me, will immediately shut me off. There are other fine restoring dentists they can refer to, and by using them, the surgical practitioners won't be losing the income they receive from placing implants."



What a dilemma! This prosthodontist’s problem wasn’t caused by some misstep of his own. It was caused by some hierarchy in our own specialty circles; a hierarchy who thought that the inclusion of surgical training in prosthodontic specialty training would best prepare us to function in the world of implant dentistry. With their surgical leanings, the surgeons, periodontists, general dentists and yes, even the endodontists took advantage of and grabbed the surgical segments early in the game. Seeing their profits, what other reason was there for us to include ourselves in the pot of gold at the end of the implant surgery rainbow? Or was it that we thought we could become more expert, more proficient and greatly more successful in the surgical techniques necessary to place implants? It certainly couldn’t have been that adding a third year of training was to increase our restorative skills; and, certainly, it wasn’t to relieve our trainees of thousands and thousands of their dollars in order to complete a third year.

Well, it becomes clear what will happen to practices built on referrals. Prosthodontists with surgical training will be seen by the other specialties of dentistry as something from which to stay away. The surgical specialties will wonder if there any limit on our capabilities or our desires to do “all.” Added to that is their knowledge that for years we have been doing general dentistry, on the sly so to speak, only calling ourselves specialists. Such a cover-up already had laid the groundwork for referring with caution. They know it and we know it; and these perceptions of us have always caused many specialists and general dentists to be hesitant in their referrals to prosthodontists.

Can we live with this problem now? Perhaps. These suggestions might work:

- If a practice is ongoing and older and referral based, it should be careful to exclude surgical procedures. The practice must continue to rely on those specialists and general dentists who are successful in implant placement and who cooperatively plan, refer to and are satisfied with the restorative outcomes provided by the trained prosthodontist.
- If a three year trained prosthodontist is beginning practice anew, the skills as learned can be put into place; understanding that referrals may come, but probably coming only from those dentists and specialists not performing implant surgery.
- Prosthodontics should quickly revisit the third year of training concept. It will be a win/win deal should decisions be made to revert back to the two year program. Hopefully the Medical Education stipend program will continue, but should it not, some few will still be able to afford our specialty training.

With luck, our specialty will live. Are we second guessing? Yes, but let’s undo the three-year training programs before all specialties turn on us. Three years of training—NO. Surgical training—NO. Restoring referred patients as we best know how—YES! NDW