

Impact of the ADA Special Committee on the Future of Dentistry report on pedodontic education

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Before speaking to the future of the specialty of pedodontics, I should like to review with you a short section of the strategic plan developed by the Special Committee on the Future of Dentistry in order to set the stage. Although I have made some deletions with the published plan, the sections headed "Background," "Principal Recommendations," and "Demographic Changes Within the Profession" are direct quotes.

Background

"In the past decade, dentistry has undergone significant changes that are altering the delivery and demand for dental care. Some of the changes have enhanced the profession's potential for improving the oral health of the nation. Others, however, have caused considerable concern and raised questions regarding the future development of the profession.

Among the changes most evident during the late 1970s and early 80s were:

1. Changing patterns of dental disease, particularly a sharp reduction of caries in children and increased retention of natural dentition in adults
2. Expansion of the supply of dentists at a rate which exceeded population growth and growth in demand for care
3. Federal health policies affecting dental education and manpower
4. Application of antitrust laws to health professions
5. Increased regulation of health care
6. Escalating cost of dental education
7. Declining pool of applicants to dental school
8. Increased student indebtedness
9. Growth of alternative modes and settings of practice
10. Growth in the number of auxiliaries and auxiliary utilization

11. Initiatives for denturist and independent dental hygiene practice
12. Development of individual and institutional advertising
13. Significant growth in the proportion of the population covered by dental prepayment plans
14. Increases in the number of dental specialists at a rate which exceeded the increase in the number of general practitioners."

Principal Recommendations

"The Committee identified five principal recommendations that should be implemented to prepare the profession for the challenges of the future.

- I. Convert public unmet need into demand for dental services.
- II. Prepare practitioners (existing and future) to be more patient/market oriented.
- III. Broaden practitioners' clinical skills and mix of services offered to the public.
- *IV. Influence the quality and quantity of the manpower supply.
- V. Stimulate research and development."

Demographic Changes Within the Profession

The average age of the practitioner is decreasing to the extent that by 1990 the majority of dentists will be under the age of 45. Secondly, there is a dramatic increase in the number of women entering the profession. And with a decrease in minority enrollments, there is a proportional decline in the number of minority practitioners.

† Both papers in the Forum Section were presented at the American Association of Dental Schools Pedodontic Section Meeting in Dallas, Texas, March 13, 1984.

* IV. Influence quality and quantity of manpower supply

The Council on Dental Education has the responsibility for implementing these recommended actions and has contacted deans and program directors suggesting that they review their enrollment in the various specialty programs with an eye toward reducing numbers.

The special committee did not identify which specialties might be phased out, merged, or redefined, but there was discussion about the changing role of pediatric dentists and the possibility that fewer will be needed in the future. The ADA has adopted a new policy that requires the Council on Dental Education to review each recognized specialty within 10 years and thereafter at intervals as determined by the Council to determine whether it continues to meet the established requirements for specialty recognition — which means that each specialty had best continue to improve its skills and broaden its responsibilities.

The need for pediatric dentists, based on their present official scope of functions, has been lessened because of the decrease in caries prevalence and the improved abilities of many dental graduates to care for children. The need is not likely to increase in the short range, but clearly the extinction of the specialty is not imminent. In my opinion, more and more parents will select the pediatric dentist to introduce their child to dentistry and over time more nonseekers of dental care will demand it.

If pediatric dentistry is to thrive, we should build on the functions we can perform better than anyone else and add functions that are being neglected. We should improve our skills in these areas so that the pediatric dentist always remains a step above the generalist. The functions that, in my opinion, deserve your attention include:

Prevention — Bringing your patients to adulthood caries free

Patient Management — More effective and safer methods

Restorative — More conservative and more esthetic restorations

Growth and Development/Orthodontics — Improved understanding of the growth process and increased skills to intercept developing malocclusions through the period of the mixed dentition

Genetics — Increased ability to counsel families

Sick or Handicapped Children — Oncology patients

Periodontics and Children

Temporomandibular Joint Problems

Speech Problems

I would be wary of taking over territory generally considered to be that of another specialty. This would be in conflict with Criterion 2 for recognition as a specialty which states: "The scope of the specialty shall not be coincident with or readily subsumed within the scope of other recognized specialties." Moving in on another specialty which has first rights on a function may embroil you in a political fight that you are not capable of winning. At a hearing on the revisions of the *Requirements for Advanced Specialty Education Programs in Pedodontics*, there were comments about the scope of pediatric dentistry being too broad both in terms of age range and functions. These comments, of course, did not come from pediatric dentists who argued very well that pediatric dentistry had accepted responsibilities that others had been unwilling to take on.

Based on the hearing, it is my opinion that the proposed revisions in the Requirements will be approved by the CODA with only minor changes.

I trust that this group will consider its future thoughtfully with both long and broad vision. A decision based solely on self-preservation probably will not make it.

Reassess the current enrollment level and type of specialty training in the United States

Rationale: "While the Committee acknowledges the many contributions of specialties to the art and science of dentistry, it believes that a higher ratio of specialists to generalists is not in the best interest of the public. Until recently, the practicing profession included 10% specialists and 90% general practitioners. The American Association of Dental Schools-sponsored study — *Advanced Dental Education: Recommendations for the 80s* — identified the trend toward increased specialty manpower as a potentially serious problem. As that report states, 'In 1965 there were 6.5 active dental specialists per 100 general practitioners, in 1975 there were 11.6, and by the year 2000 the proportion is expected to increase, although more slowly, to 18.5 dental specialists per 100 active general practice dentists.' The Committee is concerned that a continued overproduction of specialists will affect adversely the efficient delivery of dental care. As a result, the Committee believes enroll-

ment levels in clinical specialty programs should be reduced immediately to reverse the trend toward increased specialization.

"Because of changes in demographics, incidence of dental diseases and education of general practitioners, the need for selected specialty services will diminish sharply during the next 20 years. Although there will be a continuing need for highly competent specialty practitioners, the scope of practice in some specialty areas is too limited to flourish."

Recommended Actions:

"Decrease first-year clinical dental specialty positions in order to maintain the present ratio of specialists to generalists.

"Phase out, merge, or redefine selected specialty areas to meet more effectively the oral health needs of the public."