

A path toward stagnation and the eventual decline of dental education and dentistry

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In June 2013, it was announced that another new dental school was opening, this time at Bluefield College, a small, private, liberal arts college in southwest Virginia, with a reported enrollment of 440 students. Opening a dental school at an institution such as Bluefield College serves as a further, extreme example of the inappropriate understanding by some regarding the nature of dental education. The time is long overdue for the profession of dentistry to challenge the number of new dental schools that have opened or are opening (13 since 1997), as well as to challenge the organizational settings and educational assumptions of several of these schools.

A seminal event in the history of dentistry was the 1926 publication by the Carnegie Foundation of *Dental Education in the United States and Canada*, frequently referred to as the *Gies report*, after its author William J. Gies.¹ The report called for major, transformative changes in dental education and paralleled the 1910 *Flexner report* on medical education (also funded by the Carnegie Foundation) in concluding that education for these science-based health professions must take place in the university, where scientific knowledge and scholarship are enshrined.² The Gies report is credited with the elimination of proprietary schools and establishing the expectation that dentists be educated in the nation's universities. A further tenet of this report was that education for dentists should in all aspects be equivalent to the education of physicians. The report resulted in dentistry becoming the respected, university-based, and science-focused profession it has been up until the present.

If these standards are to be maintained, it is important that our dental schools exist in the rich academic environment of doctoral degree-granting universities with a research mission, not in alternative settings such as small colleges, or in institutions that are classified in higher education as "special focus institutions." Our schools must be populated with faculty members who are recognized as learned scholars in their respective disciplines, individuals who work in advancing the frontiers of knowledge through curious, creative explorations, and those who teach students the scientific evidence supporting clinical practice. Unfortunately, evidence indicates there is a significant deficit of such professors to meet the needs of contemporary dental education.^{3,4}

A number of these new dental schools retain faculty members from existing dental schools as "consultants" to periodically teach for a brief period in their curricula. These consultants have developed their teaching materials at their home university, which provided the time, facilities, and financial resources to do so. The home institution pays the basic salary of the faculty member, as well as fringe benefits, such as health insurance and retirement. These benefits typically are equal to one-third of an individual's salary. To use the language of ethics, these new schools that utilize

this approach are "free riders" in the education system. They are gaining the benefits without incurring the costs. Such a practice does not comport with the ethical principle of justice, as it is not fair. Furthermore, this "consultant" strategy is no way to build a credible system of dental education. It is an economically opportunistic strategy that cannot be endorsed and should not be sustained.

Most of these new schools also depend on practitioners and practices in the larger community to provide students a significant amount of their training in clinical dentistry. Such practitioners are generally not qualified university faculty members, therefore not scholars in the sense of the university professorate that Flexner and Gies believed necessary to educate and train for professional life. This paradigm of dental education is an initial and significant step in a return to the preceptorship era of training that both these early reformers vigorously denounced.

There was another major report on dental education at the end of the last century. In 1995, the Institute of Medicine issued the report, *Dental Education at the Crossroads: Challenges and Change*, with the major theme being that dental education had become increasingly isolated from the larger university community and from medicine, and that closer integration with both was an imperative.⁵ The report concluded that any attempt for dental education to maintain the status quo and not to move forward with closer integration with university training was "a path toward stagnation and eventual decline."³ The establishment of new dental schools that are not associated with doctoral degree-granting, research universities, but are, for the most part, isolated from academic health science centers, is a move toward the further isolation of dentistry—geographically, organizationally, educationally, and intellectually—from the mainstream of the American university and academic health professions.

The justification advanced for establishing new dental schools has been that they are needed, as more dentists are required to address the issue of access to oral health care. Access to care is a complex problem that is not amenable to simplistic solutions, such as increasing the number of dentists in the workforce. It is easy to be misled by statistics citing a reduction in the dentist/population ratio as a result of the expanding population. What also needs to be understood is that 125 million Americans—40% of the population—now live at 200% or below the federal poverty level.⁶ The oral disease burden is borne mostly by individuals living in lower socioeconomic groups. The issues of oral health literacy and finances generally preclude many of these individuals from seeking dental care. However, the need for care is not the same as the demand for care. Recent evidence indicates that the demand for dental care has declined, resulting in decreased dental expenditures. Concurrently, the supply of dentists has increased, with a corresponding significant decrease in individual dentists' net income.

A strong case can be made that the increasing number of graduates from these new dental schools, as well as the expanded enrollments of previously existing dental schools, will soon result, if it has not already, in an excess of dentists, revisiting the "busyness problem" of the 1980s to the early 1990s. High numbers of dentists do not correlate with improved access to care. There was inadequate access to oral health care when the dentist/population ratio peaked in 1982.

Today our student dentists are graduating with a huge burden of debt. Many graduates of these new schools, and even a number of existing schools, will have debts of \$250,000-\$300,000. The average debt in 2012 was \$221,000 for students graduating from public schools and \$263,000 for students completing their education in private schools.⁷ This level of indebtedness will be challenging to repay, and it is debt that cannot be eradicated by filing for bankruptcy. Improving access to care by practicing in rural and inner city areas, and/or caring for individuals with public insurance will not be options for them. It has also been suggested that financial stress could prompt ethical failings, with some dentists becoming engaged in "overtreatment."^{8,9}

The idea that a dental school can credibly exist at Bluefield College, as well as in the environment of a number of the other new dental schools, indicates the lack of understanding of many regarding the nature of dental education. Additionally, it suggests that those who have justified the development of new dental schools (as well as the expansion of class sizes in existing ones) in order to improve access to dental care have an overly simplistic and naive view of how access to dental care can actually be improved.

To advance the oral health of the public, and for dentistry to continue to be the respected science-based profession it has become, education for dentistry must exist in our nation's research universities. The recent proliferation of new dental schools in alternative environments must be strongly challenged as it is a "path toward stagnation and eventual decline."³

Author information

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