CE Course Handout

Advancing Dental Education: Gies in the 21st Century

Saturday, June 11, 2016
2:00 p.m.-3:00 p.m.
A Strategic Planning Project
University of Connecticut Health Center

Advancing Dental Education: Gies in the 21st Century

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Howard Bailit, DMD, PhD¹
Allan Formicola, DDS, MS²

¹ Professor Emeritus, School of Medicine, University of Connecticut
² Professor and Dean Emeritus, College of Dental Medicine, Columbia University
Introduction
This paper presents a brief overview of a three year long range strategic planning project on oral health professions education. The major issues addressed are: 1) Rationale, 2) Goals, and 3) Methods.

Rationale
In 1926 William Gies, a professor of Biochemistry at Columbia University published a report, “Dental Education in the United States and Canada,” that had a profound impact on dental education and, in turn, the dental profession.\(^1\) Funded by the Carnegie Foundation, Gies argued that to best serve the oral health needs of the American people, dental schools should be based in universities, and students should have a solid foundation in the biomedical sciences. In large part, Gies’ recommendations were followed. The nation’s oral health has improved greatly, and the general public views dentistry as a “learned profession.”

Today, a new and even more serious set of challenges face oral health education. Unlike the period of the Gies study, historic market driven changes are taking place in the dental delivery system that will have a significant impact on dental and allied dental education (e.g., the number, types, and clinical roles). Another study is needed to set a new course for oral health workforce education.

Some of the more important issues are:

Dental Education

- The current system for financing dental education is probably not sustainable;
- The traditional clinical dental education model provides students and residents limited experience working in efficiently run delivery systems with other health professionals;
- Most dental students are not prepared to diagnose and treat selected medical conditions that impact oral health and to get reimbursed for their services;
- With the exception of two states, dental graduates are not required to participate in residencies or other advanced clinical education programs;
- Many schools do not have the resources to support significant faculty research programs; and
- Society expects dental schools to be part of the dental safety net, but with the exception of two states, this important role is not recognized financially.
• The Allied Dental Health Professions educational systems also are evolving and need to prepare graduates for significant advances in their delivery system roles.

**Dental Delivery System:**

• The prevalence of dental caries (and associated clinical conditions) continues to decline and especially in the upper income population which accounts for close to 60 percent of dental expenditures;
• Access problems for a large segment of the population remain a major challenge for the profession and government;
• Advances in science and technology are providing oral health professionals the capacity to treat common oral diseases more cost-effectively (e.g., non-surgical management of enamel caries);
• Allied dental health professionals continue to increase their scope of services and autonomy;
• The number and size of dental group practices are increasing; and
• More primary care physicians and other medical providers are providing diagnostic and preventive dental services to their patients.

Over the long term, these educational and delivery system changes will have a profound impact on oral health professional education. They require careful study, and the development of financial and educational strategies that will provide graduates an excellent education and dental schools the necessary resources to meet their tripartite mission.

**Goals and Objectives**

**Goals**
1. Develop practical strategies for restructuring oral health professional education to address long range challenges related to finances, education, scholarship, diversity, and access disparities.
2. Prepare a long-term plan for implementing the recommended changes in oral health professions education.

**Objectives**
• Propose a sustainable economic model that gives dental and other oral health professional schools adequate resources to meet their tripartite mission of education, research, and service;
• Recommend ways to strengthen the science and clinical education programs of oral health professional students and residents; and
• Develop a plan for the closer integration of dental and other academic health center schools to promote more effective and efficient education, research, and clinical programs.

Methods
The project will be divided into two phases. In Phase I technical experts will prepare background papers on six critical issues related to the future of oral health professional education. In Phase II, a National Advisory Committee will be appointed to review the background papers, participate in public hearings and develop recommendations.

Phase I – The six critical background papers and the leader for each report include:
1. What is the current status of dental schools with respects to their education, research and service programs? (Allan Formicola)
2. How many dentists and other clinical personnel will be needed in 2040 to meet the effective demand for dental care? (Howard Bailit)
3. What knowledge and skills should dental students, residents, and allied dental health personnel have to effectively and efficiently meet the demand for care in 2040? (Jane Weintraub)
4. How will the structure and organization of the dental delivery system change in the next 25 years, and what are the implications for dental workforce educational programs? (Raul Garcia)
5. What is the current status of allied dental health education programs (i.e., dental assisting, dental hygiene, dental laboratory technology), and how are they likely to evolve and impact the dental delivery system? (Jacquelyn Fried)
6. What is the status of research and scholarly activities in current dental schools, and how are these activities likely to evolve over the next 25 years? (Peter Polverini).

Phase I of the project is expected to take 18 months to complete (January 1, 2015 to June 30, 2016). The content experts were appointed and asked to address specific issues within each of the six questions. The reports from the experts were then encapsulated into six Executive Summaries. The Summaries are now being reviewed by a broad group of national leaders.

Phase II – The second phase of the study is also expected to take 18 months to complete. A National Advisory Committee will be appointed of some 10 to 12 people, representing key stakeholders (e.g., AAMC, ADEA, ADA, ADHA, NIH, Universities, dental regulatory agencies, state government, and insurers).
The Committee will review the material in the six Executive Reports and consider the need for additional information. The National Advisory Committee will discuss options for changes in dental and allied dental education that will best address the needs of the American people, provide oral health professional schools the resources needed to meet their tripartite mission. The results of these discussions will be summarized in a series of Committee policy recommendations. The recommendations, associated background reports and the hearing results will be incorporated into a monograph and discussed at a national conference.

Phase III – After completion of the project, another initiative is needed to further disseminate the results and to undertake demonstration projects that will assist schools in implementing the National Advisory Committee recommendations. Leaders to head this new effort need to be identified.

Project Administration
The project will be based in the Department of Community Medicine, School of Medicine, University of Connecticut in Farmington, CT, where Howard Bailit has an office. Allan Formicola will work from a home office located in northern New Jersey. The project funders include the Macy Foundation, the PEW Foundation, the ADEA, the AADR, and Delta Dental companies in Michigan and Wisconsin.