

Thoughts on the Economy, Academic Dentistry, and the Specialty of Prosthodontics

I was recently perusing the American Dental Education Association (ADEA) website (ADEA.org/publications) searching for some current information about dental schools, full- and part-time faculty, the number of dental students we're training, etc. Here's what I found, based on the most current information they have posted.

In 2008 (as I write this), there are 58 dental schools in the US, including 37 public institutions, 18 private institutions, and 3 "State-related" institutions (whatever that means). There are several dental schools planned or in the construction phase, including a second school in North Carolina (at East Carolina University, in Greenville, NC). ADEA reported that these 58 institutions had 4,760 full-time, 4,991 part-time, 2,023 volunteer, and 102 other (status not reported) faculty; unfortunately, in 2005, there were 415 vacant full-time faculty positions, with 75% of these in the clinical sciences area (those that teach clinical dentistry). The number of vacant faculty positions has remained relatively constant over the past 6-8 years. The most frequently reported reasons cited by faculty for leaving academic appointments were to enter private practice (36%), to retire (20%), or the completion of a fixed term appointment (18%). There were 20 accredited Dental Laboratory Technology (DLT) programs, with a total of 43 faculty.

In the 2005-2006 academic year, there were 18,610 enrolled predoctoral dental students (DDS and DMD), and 5,577 graduate residents. There were 301 students enrolled in the accredited DLT programs nationally. The same year, there were (for the same time period) 4,478 DDS/DMD graduates, and 2,735 postdoctoral graduates entering the work force in the US.

Since it may have been some time since many of us were predoctoral dental students, you may ask "what does a dental education currently cost?" Predoctoral DDS/DMD tuition, based on 2005 data, indicates that the average annual tuition for public dental institutions was \$16,593.00, compared to \$39,267.00 for private institutions. Additionally, student indebtedness appears to continue to increase. I can vividly recall, upon graduation from the University of North Carolina School of Dentistry in 1977, having an indebtedness of approximately \$5,500.00, which I thought was manageable at the time. Current ADEA figures, based on 2006 data, suggest that the average debt upon graduation from public dental schools was \$137,792.00 **per DDS/DMD graduate**, and \$196,636.00 from private and State-related dental schools (with a mean of \$162,155.00 for all schools).

For the sake of being thorough, the numbers of current accredited residency programs, and related tuition/fee costs during that 2005-2006 time frame were:

Program Type:	# Accredited Programs:	Average Tuition/Fees:
GPR	192	\$2,088
Oral and Maxillofacial Surgery	100	\$12,200
AEGD	91	\$5,327
Pediatric Dentistry	67	\$16,737
Orthodontics	61	\$24,103
Prosthodontics	57	\$21,405
Endodontics	53	\$23,743
Dental Public Health	13	\$26,706
Oral and Maxillofacial Pathology	13	\$6,790
Oral and Maxillofacial Radiology	5	\$8,132
Dental Laboratory Technology	20	\$6,707

Despite the ever-increasing cost of educating a dental student, dentistry, and yes, even Prosthodontics, continues to be a very popular career choice. In 2005, there were 10,731 applicants to the DDS/DMD programs, and 4,688 were selected and enrolled (one out of every 2.3 applicants was admitted). According to the ADEA, for Graduate Prosthodontics programs, there were 985 applicants for 157 positions nationally (one out of every 6.27 applicants was admitted), and for DLT programs, there were 732 applicants, and 418 were admitted (an increase over the 301 that graduated that same year). In recent conversations with several Graduate Prosthodontics Program directors, the applicant pool for the class entering in 2009 looks outstanding! And, given the great publicity we've received over the past few years from *Forbes Magazine*, initially ranking Prosthodontists sixth in highest-paying jobs (the third highest in dentistry behind Orthodontists and Oral and Maxillofacial Surgeons), and ranking us first in "Well-paying Rare Jobs," along with the information provided by Kent Nash and David Pfeifer (immediate Past-president of the College) on the return on investment for careers in Prosthodontics,¹⁻⁴ the predoctoral students have begun to figure it out. And, if you haven't actually read the Nash and Pfeifer articles, download them, read them, and pass them along to a first or second year dental student! It appears that we all made very good choices in selecting our career paths.

However, there is some data out there that is cause for concern. ADEA informs us that at least 30% of the existing full-time dental faculty will retire within the next decade—this "graying" of the dental faculty may have serious consequences for faculty recruitment to replace those who will retire in the foreseeable future. This is especially true if one considers that the difference between academic salaries and those of private

practitioners, in all areas of dentistry, has increased to alarming proportions over the past two decades. As I look around most of the departments in our own dental institution, I see many faculty of my own vintage (I'm in my 25th year of full-time teaching), quite a few faculty with less than 5 years of experience, and not many "mid career" faculty. And, we continue to lose young faculty at alarming rates to private practice opportunities, usually for financial reasons. I predict that the face of academic dentistry will significantly change over the next decade.

What does this information have to do with anything? First, it has a huge implication for the national concern for access to care in dentistry, which I will address in my next editorial. Secondly, it clearly demonstrates the growing interest in the Specialty of Prosthodontics nationally, which is great news for us as an organization. Third, it (hopefully) suggests an increased interest in DLT training programs, which have a dramatic impact on our Specialty (although we need more current information for comparative purposes since 2005). And finally, it directly points to the fact that we will continue to train those individuals who will ultimately buy your practice and fill vacant academic positions, thereby allowing you (and me) to retire comfortably. In spite

of the current downturn in the global economy, I am absolutely confident that it's still a very good time to be in dentistry, and a great time to be in Prosthodontics. I believe the data speaks for itself!

David A. Felton, DDS, MS, FACP
Editor-in-Chief, *Journal of Prosthodontics*

References

1. Nash KD, Pfeifer DL: Private practice and the economic rate of return for residency training as a prosthodontist. *J Am Dent Assoc* 2005;136:1154-1162
2. Nash KD, Pfeifer DL: Prosthodontics as a specialty private practice: net income of private practitioners. *J Prosthodont* 2006;15:37-46
3. Nash KD, Pfeifer DL: Prosthodontists in private practice: current and future conditions of practice in the United States (part I). *J Prosthodont* 2007;16:288-301
4. Nash KD, Pfeifer DL: Prosthodontists in private practice: current and future conditions of practice in the United States (part 2). *J Prosthodont* 2007;16:383-393

LETTER TO THE EDITOR

September 8, 2008

Dear Dr. Felton,

I read with personal interest your editorial: "To Boldly Go Where No Man (Prosthodontist) Has Gone Before." I am old enough to remember the series and 39 episodes.

Speaking of where "no prosthodontist has gone before," in 1997, as part of a licensing requirement for dentists in Costa Rica, I participated in a "rifa" for a 1-year placement and work in remote communities. Rifa literally translated means a lottery. As part of the licensing requirement in Costa Rica, every dentist must enter this rifa. At this meeting each person selects a number, and when it is his or her turn, selects a remote area to work in for the year. Because I was a foreigner, I got to select last. My area was the jungles and mountains of the Talamanca Reserve living and providing dental services to the Bribri and Cabecar indigenous population. Talamanca was not popular or desirable. It was the only place remaining, when it was my turn to choose.

Since then, I have been returning to Talamanca 2 to 3 times a year to continue serving these incredibly needy people. In 2005, when horrific rains and flooding destroyed what little resources they had, I founded Project Talamanca with two former students. We started as a group of five, and recently returned from the region as a group of 32. During this past 'campo de trabajo' (8/31-9/5) we provided care to more than 600 patients, accomplished close to 2,000 procedures (periodontia, endodontia, restorative, diagnostic, surgeries, etc) from Monday to Friday in more than ten remote communities. Two research projects were begun: one an epidemiological study into the oral health problems among these people; the other into the causes and treatment of Papalamoya (Leishmaniasis Tropicalis). We are serving communities that have no electricity of drinkable water in over 100° (F) heat.

We are working with the DEBRA (Dystrophic Epidermolysis Bullosa Research Association) Foundation to establish scholarships and opportunities for the youth to continue their education at Universities in San Jose. In fact, one Bribri is studying dentistry with a full scholarship at a private university here. More than 60% of the adults are partially or completely edentulous. Many of the children and adolescents have malocclusion, for which orthodontics is not an option. We are looking for prosthodontic remedies.

I truly believe that Project Talamanca and its members have made the voyage to that place you describe—"where no prosthodontist has gone before"—and I would also add, an area and population that few people express interest or support.

Would you like to help us? Are there prosthodontists who would like to provide financial support to this project? Or, are there prosthodontists who would like to "go where no prosthodontist has gone before" in the most literal interpretation of that phrase?

Thank you for your time and attention.

Dr. Peter S. Aborn
ACP Member #11
peter.aborn@gmail.com

In 1995, Dr. Aborn left a New York City 5th Avenue dental practice to practice in Costa Rica. He operates a private practice in San Jose, CR (<http://www.dentalmedicinecr.com/>). Dr. Aborn's commitment and generosity to Project Talamanca have already been recognized by CNN, which put him on the top 100 list of 'CNN heroes'—a program that searches out unsung heroes around the world who give an exceptional service to others. Dr. Aborn delivered the first dentures and did the first root canal treatments ever to be performed on the reserve.

Copyright of Journal of Prosthodontics is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.