EDITORIAL

On "Giving Away the Farm"

In the March/April 2006 issue of the *Journal of Prosthodontics*, I wrote an editorial about continuing dental education (CE) in particular about the American College of Prosthodontists' (ACP) very own Center for Prosthodontic Education (CPE). In September of that year, I began one of my many "service" components for the ACP, which was to serve on the American Dental Association's (ADA) Continuing Education Recognition Program (CERP). The CERP committee was established in 1993 for the purpose of providing the members of the dental community with a mechanism for selecting CE with confidence, and to promote the continuous improvement of CE by all providers. To become a CERP provider, the organization (individuals may become CERP providers as of January 2011) must submit a lengthy application that allows the CERP committee to evaluate whether the provider meets 15 aspects of program quality. The CERP committee does not evaluate individual CE programs, but rather the providers. Once approved, providers are held accountable for maintaining those same high standards through periodic reevaluation. Only providers that can meet ADA CERP standards and procedures are granted approval and are authorized to use the ADA CERP logo and recognition statement. The CERP committee is administered by a standing committee of the Council on Dental Education and Licensure that includes representatives of the ADA American Association of Dental Boards, American Society of Constituent Dental Executives, American Dental Education Association, and organizations representing the recognized dental specialties. The ACP is a recognized CERP provider, and I have been the ACP's representative on the CERP committee for nearly 4 years (my term ends at the CERP committee meeting next month). My 3.5 years of service on this committee has enabled me to see "the good, the bad, and the ugly" in CE (and there is a lot of "ugly" out there).

The real question this raises is whether the ACP even needs to be in the CE business, and if so, for whom? Granted, our annual session is steeped in very high caliber CE programming, thanks this year to the diligent efforts of Dr. Larry Brecht, our 2010 Annual Session Scientific Chair. For that very reason, we need to maintain our credibility as a CERP provider. Additionally, our CPE programs have been outstanding, but for the first time in its brief history, the CPE may lose money this year. A careful analysis must be made to determine the reasons behind our decline in CE course revenues—is it the poor economy? Is it poor programming (although I really do not think so)? Is it poor marketing strategy?

When you also factor in the fact that most of the other bazillion prosthodontic organizations also have an annual session, and also provide CE credits to their members during these annual meetings—are we competing against other prosthodontic organizations for the same CE dollars? Are we (and importantly, *should* we be) attracting general dentists and other specialists to our collective CE offerings?

I strongly believe that the ACP's CPE needs to refocus its CE efforts (other than at our annual session, mind you), at "raising the bar" in CE for our referring general dentistry colleagues. I believe we should partner with the Academy of General Dentistry (AGD) and work to develop Mastership level continuums in continuing education for them. So go ahead, now that I have put the proverbial "bulls eye" squarely on my back, by admitting that we should continue to "give away the farm," take a minute to calm down and hear me out.

First, is there anyone in our organization that believes that we, realistically, have the manpower in North America to treat ALL of the completely edentulous, partially edentulous, PDI Class III or IV patients, or those with significant dental restorative needs (wear, bruxers, maxillofacial, etc.)? Anyone? Remember, the ACP has approximately 2500 practicing members. Access to dental care is a huge issue, and will become more so in the future. We must rely on our general dentist colleagues to perform a significant portion of the prosthodontic care in North America. Compare ourselves to the American Association of Endodontists (AAE), whose membership greatly exceeds that of the ACP. They report that 80% of all endodontic procedures in the United States are performed by general dentists. General dentists similarly provide the majority of prosthodontic services in the U.S.

Second, the ADA's recent private practice survey indicated that 49% of all services provided by their membership were prosthodontics related (replacement of missing teeth, single unit crowns, etc.). That percent increased when diagnostic procedures were included.

Third, there is not a single dental school in the US that trains any graduating predoctoral dental student to a level of competency in removable prosthodontics, implant prosthodontics, or full mouth reconstructions—not a one. The astute general dentist is seeking advanced training somewhere, and hopefully, the more knowledgeable ones are doing so through valid CE programs. If the general dentists in your community are seeking training in full mouth reconstruction therapy somewhere (hey, it is a free country), would you prefer their training come from some institute in the Southwest, at a Western School of Dentistry (those doing the training at both locations are not Prosthodontists), or by educationally qualified or board certified specialists in this type of therapy? The programs as the Southwest institute and Western dental school are not going away—there is simply too much demand for these types of programs, and they are huge revenue generators for these programs. These types of programs "train" their participants to do a full-mouth rehabilitation in 6 days or less—what level of training do you really think they are receiving? Development

of a Mastership level program with the AGD could enable the ACP to raise the bar in this training, enable us to be more visible in the CE arena, and provide a financial boost to the CPE.

Finally, in an economic environment where the ACP CPE is losing revenue, we either need to develop and offer these higher level types of CE programs, geared at increasing the level of competence for our general dental colleagues (who are treating the majority of the patients anyway), or simply stop providing CE (other than at our annual session), get out of the CE business, and watch our existence fade into obscurity as someone else offers these courses and marginalizes our significance. I know what I would vote for here, do you? I welcome your criticisms, comments, and opinions on this topic—please e-mail them to me at dave_felton@dentistry.unc.edu at your convenience.

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