Changes in the oral health workforce

Dr Jack Dillenberg
USA

The aging of the dentist population, projected retirements and mal distribution of providers coupled with an increasing population supports the projections of significant provider shortages in the decades to come. Health professions in general and the dental profession in particular have to recruit, educate and promote a new kind of health provider that is community minded, service oriented with leadership skills and committed to interdisciplinary collaboration and utilizing innovative technology to meet the compelling societal needs the health system requires.

The selection of traditional dental school candidates in years past had focused on candidates that were analytical, and had a strong science background with good hand skills. The anticipated outcome after dental school graduation was establishing a solo private practice in the geographic area of their choice. There was not a lot of attention paid to community service/volunteer experience, leadership skills and an understanding of basic public health principles. The current societal needs and demands are changing the skill sets needed for success as a dentist and the practice environment that dental graduates will find themselves.

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This new culture of health care delivery incorporates prevention and personal responsibility for an individual’s health and wellbeing. The “new” dentist will have to be comfortable practicing in this environment utilizing skills, training and experience reminiscent of the stomatological training of physician-dentists of the past.

Norman Gevirtz, PhD, a historian of the “stomatological movement” in American dentistry notes, “Today’s dentists need to be more broadly trained in general medicine and public health in order to more effectively respond to the oral and other related health needs of their patients and the larger community.”

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I certainly hope that no dentists will interpret the findings this way. We have to keep in mind that this review was not based on all implant systems and that a limited number of the 1,500 systems currently in use were studied. The physiological properties of the healing process of the living tissue do not differ between the systems. Therefore, we should select a system based on scientific research results, pure surface properties without any contamination and the accuracy of the mechanism, applying the fail-safe concept.

Dentists should also adopt a longer-term perspective in selecting the implant system to use. The newness of the implant system is not a relevant criterion in the field of dental implants. We as dentists should place importance on the basic science and re-evaluate the original protocol proposed by Brånemark.

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