Introduction to Section: Dentistry and Primary Care—An Evaluation of Postgraduate General Dentistry Training


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Key words: dentistry, delivery of health care, education, health services research, public health

Submitted for publication 2/4/02; accepted 5/10/02

The mission of the Health Resources and Services Administration (HRSA) is to ensure access to quality health care for all Americans. Through HRSA’s Bureau of Health Professions (BHP), programs are designed to ensure access to quality health care professionals in all geographic areas and all segments of society, including complex and underserved patients. Two major goals of the BHP are to increase the cultural and ethnic diversity within the health professions workforce and to strengthen the primary care disciplines, thus decreasing the reliance on specialists.

For dentistry, the BHP has been the predominant resource for growth and expansion of, first, General Practice Residency (GPR) and, later, Advanced Education in General Dentistry (AEGD) training programs through Title VII, section 747. Federal funding to support postdoctoral General Dentistry (PGD) became available in 1977. Since that time, more than $80 million in grant funds have been awarded to GPR and AEGD programs.

In 1999, HRSA contracted with UCLA to conduct an evaluation of PGD training. The overall goals of the contract were to investigate both the impact of PGD training on practitioners and the impact of the federal grant program on PGD training with specific focus on the following questions:

1. To what extent has postdoctoral general dental education grown?

2. What changes have occurred in the scope, content, and conduct of advanced general dentistry education programs?

3. What effect has advanced general dentistry education had on the practice characteristics of general dentists and trends in dental specialization?

4. What are the qualitative and quantitative indicators of the impact of federal grant support on the scope, conduct, and content of PGD programs?

5. What are the current issues and concerns in implementing, conducting, and maintaining advanced general dentistry education programs, by type of program and sponsor? And, finally,

6. What are the current and future issues and needs in advanced general dentistry education, and what are the recommendations of PGD program directors for addressing these issues, needs, and directions in advanced general dentistry education?

Our methodology to evaluate postgraduate general dentistry training included four components: 1) a review of existing documents related to the environment and growth of the postdoctoral programs; 2) a survey of program directors, the results of which are reported in this issue of the Journal of Dental Education; 3) a survey of dentists to assess the short- and long-term impact of training on the activities of dentists; and 4) interviews with key players to iden-
tify current and future issues and concerns pertinent to implementing, conducting, and maintaining advanced general dentistry programs.

The four articles that follow in this section describe the results of a survey completed by U.S. AEGD and GPR program directors. The first one, by Atchison and Cheffetz, provides a qualitative assessment of critical issues identified by PGD directors that may help direct future research and action within dental education. The second, by Atchison et al., describes and compares the program characteristics of the postgraduate general dentistry training programs sponsored by the Armed Services (military) and Veterans Administration. The third, by Lefever et al., describes changes in PGD curriculum emphasis, reports program directors’ opinions of the adequacy of preparation of incoming residents, and addresses the difficulty in filling PGD programs. The fourth, by Mito et al., compares the program infrastructure, patient populations served, and services provided of AEGD and GPR programs and provides an assessment of differences between programs with or without HRSA support during the years 1989 through 1999.

The second set of papers (to be submitted later) will discuss the stratified sample of dentists on types of patient population groups served, services provided, training received, and professional and leadership activities reported by general dentists with and without PGD training and that of specialists. Subset analyses will be presented for underrepresented minorities and for female dentists. A third set of papers in the series (also to be submitted later) will analyze the funding patterns for PGD training between 1989 and 1997, identify critical issues from the perspective of dentists and key informants, and discuss policy issues and recommendations regarding the PGD curriculum and federal funding for these programs.

The PGD study was guided by a national advisory committee consisting of Colonel William R. Bachand, D.D.S, former President of the Federal Services Board of General Dentistry and Director of Dental Education, Fort Gordon Dental Activity; C. Richard Buchanan, D.M.D., Deputy Director for Dentistry, Department of Veterans Affairs; Mary Casey, D.D.S., M.P.H., Director of the St. Anthony Hospital GPR program; Nereyda Clark, D.M.D., Associate Dean for Extramural Programs and Director, Division of Community-Based Programs, University of Florida College of Dentistry; Veronica Greene, D.D.S., M.P.H., Director of the GPR, Martin Luther King, Jr./Charles R. Drew Medical Center; William Maas, D.D.S., M.P.H., Director of the Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention; Dara Rosenberg, D.D.S., M.P.H., Director, Department of Dentistry, St. Barnabas Hospital; and Richard Valachovic, D.M.D., M.P.H., Executive Director, American Dental Education Association. Two HRSA Program Officers, Stanley Bastacky, D.M.D., M.H.S.A., and Susan Goodman, D.D.S., M.P.H., also guided the methodology development and implementation.

Acknowledgment

This study was funded through a cooperative agreement with the Health Resources and Services Administration D30-DH10157.