Critical Issues for Dentistry: PGD Program Directors Respond


Abstract: Discussion of critical issues facing postgraduate education in general dentistry (PGD) and dental education in general has been intense in the past decade. This study reports on critical issues raised by directors of PGD programs that may help direct future research and action within dental education and the larger profession. The analysis reports responses to an open-ended question sent to all U.S. PGD program directors regarding critical issues facing their training programs. Of 212 surveys, 169 program directors submitted written responses regarding critical issues. Twelve unique themes were identified: lack of postdoctoral applicants (two subthemes were high student debt and students’ preference for private practice); student quality; professionalism and attitudes; number of postdoctoral positions; lack of funding; quality of facilities; special patient care; program curriculum; educator issues; mandatory or encouraged PGD year; value of dental program; and dentist shortage. Significant differences between AEGD and GPR directors were observed for two of the twelve areas: high student debt and value of dental program. The study provided insight into the thoughts of a large proportion of the U.S. PGD program directors “in the trenches.” Some consideration of allowable expenses may be needed to align federal training support to best address program director needs.

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Discussion of critical issues facing postgraduate education in general dentistry and broader dental education has been intense in the past decade, much of it initiated by the Institute of Medicine Report and culminating with the release of the Second Future of Dentistry Report by the American Dental Association.1,2 Topics raised include workforce issues, increased scope of dental practice,1,4 reduction of oral health disparities by increasing access to care for subsets of the population,1 appropriateness of the predoctoral and postdoctoral curriculum,5,6 mandatory versus encouraged postgraduate year,7 student quality,3,7 the number of needed specialty and general postdoctoral positions,8 decreases in the applicant pool to dental education and resulting impact on Postgraduate Education in General Dentistry (PGD) programs,9 and possible means of eliminating human subject examinations in entry-level licensure.2

No formal, published assessment of PGD program director concerns has been generated. In 1999, the Health Resources and Services Administration (HRSA) called for a far-reaching evaluation of PGD programs that included qualitative indicators of the impact of federal grant support as well as current issues and concerns in implementing PGD programs. Further, they requested information by type of program, in order to highlight unique differences, if any, between Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) programs.

Studies indicate that differences exist between GPR and AEGD applicants and programs. According to Lockhart et al., both AEGD and GPR residents reported a desire to learn about medicine, treat medically compromised patients, increase their clinical speed, and gain confidence in clinical skills as common reasons for entering a PGD program. However, GPR residents were more concerned with salary and benefits, learning about medicine, having nondental rotations, and later achieving acceptance in specialty programs and a hospital-based practice.4

Weaver found that although recent applicant interest in AEGD programs has increased, interest in GPR programs has remained constant.10 Finally, Weaver et al. found student revenues to be more than 1.5 times higher in AEGD than in the GPR programs.11 Therefore, it is reasonable to assume that some of the critical issues facing GPR programs may differ from those facing AEGD programs. This report presents a study of critical issues raised by directors of postgraduate general dental programs that may help direct future research and action within dental education and the larger profession.
Methods

Information regarding the number and addresses of programs open from 1989 to 1999 was collected from the American Student Dental Association Program Information,12 HRSA General Dentistry Grant Program database, the Annual Report of Advanced Dental Education, 1985/86,13 Annual Report of Advanced Dental Education, 1990/91,14 Annual Report on Advanced Dental Education, 1993/94,15 1995/96 Survey of Advanced Dental Education Annual Report,16 and the 1996/97 Survey of Advanced Dental Education,17 all published by the Council on Dental Education, Department of Educational Surveys, and the American Dental Association. From all sources, 417 programs were identified, including ninety that were closed, nine duplicates, and two outside the continental United States. Of the remaining 316, eighty-three (26 percent) were AEGD, and 233 (73 percent) were GPR.

Surveys were mailed to the directors of the 316 programs in fall 2000. Follow-up surveys were mailed to nonresponders six weeks following the initial mailing. Many program listings named program directors who were no longer there. Telephone calls were made to correct inaccurate addresses, add missing data, and request return of the survey from nonresponders.

The questionnaire was developed in consultation with a nine-member advisory committee composed of current/former program directors and leaders in the dental profession. The survey requested information regarding the program infrastructure and emphasis, a description of patient types served, kinds of services provided, and quality and preparation of residents.18-20 A final section provided open-ended questions that dealt with critical issues facing dental education and the profession. This article reports and discusses program directors’ responses to one of the open-ended questions, “As a Program Director, what do you see as critical issues facing postgraduate education in General Dentistry now and in the future?”

Responses varied from several words to multiple paragraphs. Responses were entered verbatim into a word-processing text file, then imported into the QSR NUD•IST™ software for qualitative data analysis. NUD•ST also facilitates importing tables to statistical programs that can be read for quantitative analysis. Responses were reviewed, and an initial reading identified twelve general themes. Each sentence was then coded to one or more of the twelve themes. The authors reviewed the statements and assigned coding and agreed-upon changes and additions to coding. Sub-nodes or sub-themes were added to differentiate common aspects identified by the program directors. Although the analysis was primarily qualitative, we conducted statistical analysis using the chi-squared statistic to evaluate differences in the proportions of responses between AEGD and GPR program directors.

Results

Responses were received from 212 of 316 programs (67 percent). Fifty-four (26 percent) were AEGD and 158 (74 percent) were GPR. Within the 212 surveys, 169 program directors (106 civilian, 24 military, 39 VA) provided responses that were coded to twelve themes within four overall categories: student quality, infrastructure, academic programs, and general dentistry (see Table 1). Three themes—lack of funding, lack of postdoctoral applicants, and value of dental program—contained specific subthemes. Each is described in detail below.

Quality and Quantity of Students

The four themes discussed within this category are lack of applicants, student quality, professionalism and attitudes, and number of postdoctoral positions.

Lack of Applicants. This broad theme contains all responses commenting on a decline in number of program applicants, regardless of the respondent’s reason for the decline. This theme was found in sixty-seven (39.6 percent) of the 169 respondents, including forty-seven (38.8 percent) of GPR and twenty (42.6 percent) of the AEGD respondents. General comments such as “Recruitment—fewer and fewer applicants each year” reflect the pressure felt by program directors because of the declining number of applicants.

Although other reasons were provided for the decline in the number of postdoctoral applicants, the preference for private practice and high student debt were the most common. These are shown as sub-themes under lack of postdoctoral applicants in Table
1. A significantly fewer number of GPR (9.1 percent) vs. AEGD (23.4 percent) programs described problems attributed to High Student Debt (chi²=6.09; p=0.014). Typical responses were:

“One of the biggest problems is the lack of applicants. Many dental graduates feel why should they enter a GPR or AEGD and get paid $30,000 when they can work at a retail dental center and make $80,000. Many graduates are deep in debt and the higher salaries are very attractive.”

“Decreasing number of applicants to GPR programs because of low GPR stipends which discourages students with high student loans.”

Under the sub-theme Student’s Preference for Private Practice, program director responses included:

“There is less interest in postgraduate education by dental students. Dental students are placing more emphasis on production & earning money.”

“Economy hurting applicant quality (why go to GPR when you can make more money in private practice!).”

“Decreasing pool of qualified applicants due to decreased class sizes and increased competition (and lucrative) private practice op-
portunities.” (response from an AEGD director)

Student Quality. The quality of incoming residents was mentioned by fifty-five of our 169 respondents (32.5 percent). Program directors commented on perceived quality both as a problem for postgraduate general dentistry programs and as an issue for the field of general dentistry. No significant differences were found between the proportion of GPR vs. AEGD respondents.

Directors who wrote that applicant pool quality was a problem for their program mentioned dissatisfaction with the level of competency achieved by dental students in many clinical areas, and some directors stated it was the result of “increasing didactic requirements in medicine, pharmacology, etc.” For example, GPR directors noted that “graduates of dental schools appear to be less skilled in basic dentistry than should be covered in undergraduate curriculum”; “The students entering the programs seem to have completed very few procedures (especially perio surgery, endo & remov. Pros.)”; and “Many applicants have significantly less clinical experience than those 5-plus years ago—we are not equipped to teach the basics.” The concept of having to teach the basics was a common theme mentioned by GPR directors. Similarly, one AEGD director noted that “Dental schools do not comprehend the scope of general dentistry,” and another named “limited practical experience and an inability to translate didactic information into practical patient care” as issues in resident preparation.

Some directors perceived that a decrease in the quality of students graduating from dental school translates into an issue for the entire profession of dentistry. A GPR program director wrote, “I don’t think graduates of dental schools are well prepared coming out and I think it will get worse with faculty in dental schools getting older and no one to replace them.” Finally, in discussing problems with student quality, a director raised the question of who is the appropriate target of general dentistry training programs. This director worried that GPRs would attract students from the “bottom of the barrel” of dental schools who wish to gain entry into a specialty program.

Professionalism and Attitudes. Fourteen (8.3 percent) program directors named the attitudes and professionalism of incoming residents as critical issues; there were no significant differences between AEGD and GPR programs in this respect. The comments of GPR respondents can be summarized with this statement: “There is a different kind of attitude now from dental students. Their attitude is ‘what’s in it for me?’” Similarly, another GPR program director wrote that: “Attitudes are bad now. Residents think they know everything.” Directors also criticized the professionalism of incoming residents, citing as issues the “decreasing professional and ethical quality of dental school grads,” “the ever-decreasing quality of applicants and the unwillingness to put effort into the program,” and “maintaining residents with high ethics/integrity and willingness to learn.” An AEGD director summarized the problem as a “decreased commitment of residents.”

Number of Postdoctoral Positions. In contrast to those who expressed concern about the lack of qualified applicants, thirteen (7.7 percent) respondents questioned the number of positions available for interested applicants. Despite an apparent difference between the percentage of GPR directors (9.1 percent) and AEGD directors (4.3 percent) who emphasized this issue, the difference was not significant due to the small sample size. Respondents to the survey described several aspects of this issue, including insufficient numbers of resident slots, the appropriate target audience, and specific programmatic needs. The theme of an insufficient number of slots can be summarized by a GPR director who wrote that it would be a problem to “[find] sufficient GPR positions to accommodate the need and demand for this training.” An AEGD director expressed similar thoughts in noting an “inadequate number of positions nationwide.”

Another GPR program director recognized the dilemma in allocating a scarce number of slots among the applicants. This individual raised the question of who is the target population, saying that “too few positions [are available] for applicants that need the additional training the most.” A third GPR director cautioned that this could become a bigger problem in the future because “with the decrease in # of GPR programs, I see potential for too many unprepared graduates forced directly into practice setting” due to the competitive nature of program selection. Finally, a military program director questioned the increase in resident slots compared to program needs for trained dentists: “In the Army I see us training more than our current capability and perhaps overloading programs with some decrease in the high quality we now have.”
Infrastructure

Directors raised two issues with respect to maintaining an appropriate infrastructure for a residency program: lack of funding and quality of facilities.

Lack of Funding. Within the general category of infrastructure, lack of funding was a major theme. One GPR director summarized the need as follows: “Inadequate funding of program which limits resident/attending ratio, types of procedures performed, auxiliary support, etc.” Of the 169 respondents to the survey, sixty-three (37 percent) wrote that the need for more funding was a critical issue in supporting their programs. There were no differences between the number of AEGD and GPR directors who mentioned this topic. Two specific subthemes were identified: lack of funding for residents and lack of funding for support staff.

Respondents indicated that an increase in funding is necessary “to provide sufficient stipends to the residents as [the programs] are competing with private practice.” Similarly, a GPR director wrote that “resident stipends are usually low and make it difficult for some programs to attract applicants.” At least one person felt that the funding issue might harm some areas of the country more than others, noting that “the cost of living in certain geographic areas is so high that many suitable applicants simply cannot afford to live near the facility or consider a position.”

A few participants reported lack of funding for support staff as a critical issue for general dental training programs. The need for more support staff funding was reported by seven (5.7 percent) of the GPR participants and two (4.3 percent) of the AEGD directors. One AEGD program director specified the problem under “Financial” as the “ability to retain adequate support staff, especially administrative and chairside assistants in clinic.” A GPR director responded this way: “In the past several years, there has been some difficulty hiring and retaining support staff such as dental assistants, lab technicians and dental hygienists. This is due not only to a booming economy, but also because the private sector continues to offer better wages.”

Issues specific to a program’s affiliation were also noted. A program director in the military, for example, responded that there was a “shortage of support staff in the military.” And a GPR director complained that there was inadequate “support from hospital management to provide support staff, resources ($), etc.” To some directors, money was not the only factor in maintaining adequate support staff. As one director noted, “Attracting qualified personnel continues to be a problem.”

Quality of Facilities. This theme encompassing the critical issues of aging facilities and expanding technology costs was noted by five directors. An AEGD respondent wrote simply that the program’s “facilities are decaying.” Another director mentioned that additional technology is needed for “distance-based education for extramural facilities” and “to provide state of the art facilities and equipment.”

Academic Program Issues

The category of academic program issues includes the factors that a director might consider in establishing the program, such as securing patient population groups, the curriculum, and the faculty. We also include in this category the directors’ views on a mandatory residency.

Care for Special Population Groups. The unique problems that some population groups experience in affording much-needed treatment provided by PGD programs was a theme mentioned by twenty-eight (23.1 percent) GPR and seven (14.9 percent) AEGD directors. An AEGD director summarized the problem by writing that programs are “expected to be self-sufficient, yet expected [to offer seminars and] offer seniors treatment at a reduced fee.” Similarly, a GPR director wrote that the “cost of providing care to severely medically compromised, developmentally disabled, etc.” is a critical issue.

Others indicated that an emphasis on special patient care is a necessary part of PGD programs. A respondent wrote that there should be an “emphasis to residents to continue working with special patients when they complete their programs,” while another suggested that “hospital emphasis should be decreased and replaced with medically complex patients.” In all, it was clear that program directors recognized the unique mission of these programs in serving as a safety net for disadvantaged populations.

Program Curriculum. The importance of the program’s curriculum was a theme discussed by nineteen (15.7 percent) GPR and nine (19.1 percent) AEGD directors (no significant differences). One director worried that some programs provide little educational value, saying that “many programs do not teach residents, use residents for labor only.” Others voiced the idea that curriculum problems stemmed from deficiencies in predoctoral dental education. As one program director explained, we
“are now spending more time teaching basic didactic education that [residents] should have had in school.” For some, the lack of student quality was a direct corollary to perceived problems with the PGD curriculum.

Some directors suggested specific curriculum additions. An AEGD respondent wrote that there is a need for “incorporating evidence-based concepts into postgraduate curriculum . . . funding for automation-based training . . . and assessing the true impact of specific educational methods in postgraduate programs.” A GPR director also suggested additions to the curriculum, and mentioned evidence-based learning: “Adapting the training to meet the changing trends in dental practice including implantology, adhesive dentistry, digital radiography, computerized record keeping and other applications of computer technology including evidence-based treatment planning.” Finally, a concern voiced several times was the required “ADA standards pushing hospital and medicine rather than improving dental competence.”

**Educator Issues.** Both GPR (24 percent) and AEGD (20 percent) directors identified concern about qualifications, motivation, or adequate compensation of faculty. One general response summarized the problem as “faculty pay, number and quality are rapidly declining.” Another respondent described “finding qualified, motivated mentors” as a critical issue. Still another wrote that a concern is having “adequate trained/qualified faculty to run program in the future.” One director stated that “salaries for faculty members may not be competitive.”

**Mandatory PGD Year.** A small number of program directors (eighteen or 10.7 percent) raised the question of whether a postgraduate year should be mandatory or merely encouraged for all dental school graduates. To these advocates, a PGD year was viewed as necessary for competency in all areas of dentistry. This theme is well summarized by a GPR director who wrote that “residency programs are absolutely necessary as a means of preparing dental students to confidently and competently perform dental procedures at the level of a professional.” Another suggested that we “need to consider general dentistry as a specialty and require mandatory PGD training.” Finally, another GPR director said that “all dental students need to complete a mandatory residency to get more experience with the diversity of clinical dentistry because the bare minimum in school is not enough,” and an AEGD program director responded, “A fifth year of training is needed to keep up with the explosion in all facets of dentistry.”

**General Dentistry**

Two themes were broadly representative of the profession itself: the perceived value of dentistry within a medical center and the possible shortage of dentists.

**Value of Dental Program.** For some PGD directors, the lack of value of the general dentistry program by dentists, dental students, hospitals, and the profession was a critical issue. More GPR (thirty-six) than AEGD (five) respondents mentioned value of the program as a critical issue (p=0.010). Directors felt that advanced education programs were not sufficiently valued by dental students, some of whom placed emphasis on “making money vs. education and development.” Possibly in response to this perceived problem, GPR directors emphasized the need for dental schools to promote the worth of PGD programs. One noted, “Dental students need to be informed of the huge benefits of attending postgraduate education.” Another wrote that “the perception of the GPR Program and the value of an additional year of education need to be promoted in a positive way, by the dental schools.”

GPR directors also described a lack of value for their programs by the hospital. One respondent wrote that the problem is “lack of funding from sponsoring institutions—GPRs not essential to the mission of most hospitals.” Another explained this by writing, “In an age of budget restrictions and hospital cutbacks, dentistry takes a back seat to funding a new ER or other hospital functions.”

Parts of the dental profession were also mentioned as not valuing PGD programs sufficiently. One respondent wrote that there is a “lack of recognition of the American Board of General Dentistry by the ADA as the legitimate credentialing organization for PGD-trained general dentists.” Similarly, a “lack of understanding/support from the practicing dental community regarding the importance and value of postdoctoral training for general dentists” was also cited as not supporting the value of the PGD program.

**Dentist Shortage.** Only six program directors (3.5 percent) mentioned the current shortage of dentists as a critical issue. The shortage was seen as either a result of an increase in the patient pool due to longer life spans or of a decrease in new dentists. A GPR respondent explained that the “changing medical profile of the population—more meds, more therapies, people living longer—too many patients for the manpower we have to provide care to” is a
critical issue. Another GPR participant wrote that the “pool of practicing dentists is aging, and more are retiring and leaving practice than are being replaced by new graduates.” This respondent added, “It is vital that the profession of dentistry be marketed to high school and college students” as a solution to this problem. Another GPR respondent wrote that there is “a pressure on students to go directly into practice because of provider shortages.” An AEGD program director responded, “Too high of a patient load in special/hospital/geriatric areas is not treated in private sector.”

Discussion

While critical issues in dental education and the profession at large have been discussed at many levels,1-7 no research study has previously solicited the opinions of postgraduate dental (PGD) program directors working “in the trenches.” This analysis, part of a larger HRSA-funded study to evaluate the impact of HRSA support for PGD training, examined issues identified by 169 U.S. postdoctoral dentistry program directors and compared the responses of GPR and AEGD directors.

Issues identified by the directors fell into four categories: quantity and quality of students, infrastructure, the academic program, and general dentistry itself. The four themes discussed within the quality and quantity of students category highlight two major issues for PGD training: are there enough applicants for directors to select top residents, or is there a paucity of positions to accommodate the needs of graduates transitioning to practice? These are important questions for all of dental education and the Bureau of Health Professions (BHP), which assists in training a competent workforce. The perception that incoming residents have deficiencies and even, perhaps, attitude or professionalism problems deepens the complexity of the issue. The dental profession and the BHP must determine the appropriate target audience for postgraduate general dental training. Is resident training appropriate for the crème of the dental graduating class or, as raised by one director, is such training intended for those graduates most in need of training before being allowed to safely practice the breadth of general dental skills? Certainly, a perspective that PGD training is directed towards those who need remediation prior to entering practice may influence many confident, qualified graduates to avoid applying for a PGD training program.

The dichotomy identified by this study is the polarized debate as to whether there is a sufficient applicant pool to fill positions or a sufficient pool of positions to meet demand. The basis for directors’ differences could not be understood in this qualitative study, but may suggest differential ability to attract high-quality residents. The reported GPA and National Board scores of applicants in programs throughout the United States vary, as do the programs’ difficulties in filling residency positions.19 Equally, personal opinion varies as to whether PGD training should be mandatory. While a subset of the profession feels strongly that a year of residency should be mandatory—and, indeed, New York is institutionalizing the equivalent of a residency program to ensure competency for practice21—few respondents highlighted mandatory PGD training as critical.

The high cost of dental education and its consequent student indebtedness, coupled with the nationwide shortage of dental faculty, are critical issues facing all of dentistry. It was no surprise that participating directors reflected these concerns. The average indebtedness of dental students graduating in 1998 was $98,000.2 With such a typical debt load, the pressure for students to enter the workforce immediately following graduation is intense and challenges them to weigh the overall utility of postgraduate training that does not lead to a specialty certificate. Little evidence suggests that the PGD year leads to higher future salaries. Indeed, as Edelstein points out, hospital affiliation, a logical outcome of PGD training in a GPR, is only regularly useful for two clinical specialties: pediatric dentistry and oral and maxillofacial surgery.22 The advantage for students who do not plan to become specialists is not obvious. The program directors are seeing first-hand the impact of these issues on size and quality of the applicant pool.

Regarding infrastructure, directors mentioned problems with lack of adequate support for competitive resident, faculty, and staff salaries and for maintaining the facility itself. The concerns mentioned by the program directors correspond to findings from a study of the types of factors that influence residents to enter AEGD and GPR programs.8 This study found that program concerns were an issue in the early stages of selecting a residency program, but in the final stage of decision-making the issues raised by the residents as important factors for decision-making were often the very infrastructure variables raised by the directors of this study: the program’s facilities, location of the program, perception of in-

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tensity of the program, availability of faculty resources, and the director.

Issues related to the academic program included meeting the needs of special patient groups, balancing remediation of basic clinical areas with teaching evidence-based treatment, and newer advances in implantology and esthetics. The growing faculty shortage is appropriately viewed as a crisis by the directors and was closely tied to the program and student quality. Directors expressed concern that faculty vacancies and an aging faculty may result in less clinically competent graduates. [ADEA] has reported that 47 percent of dental faculty are fifty years of age or older, with an estimated 3,255 to 5,465 full- and part-time faculty retiring in the next decade.²

As expected, we found more similarities than differences in the responses. In many cases, the nuances are representative of the type of program. AEGD directors were more likely to mention high student debt as a problem, which may be related to lower stipends for residents of civilian AEGD compared to GPR programs.¹⁸ Further, concern over devaluation of dental programs was a greater issue for GPR directors because hospital administrations tended to differentially fund departments that protect patient lives.

Finally, these results suggest that, despite the profession’s emphasis on primary care, program directors perceive that others place diminished value on PGD programs. This perception, coupled with the perceived decrease in quantity and quality of students graduating from dental school and applying to PGD programs, does not bode well for the future of general dentistry. As the directors noted, these programs serve an important role by providing care for underserved patient populations that perhaps could not afford treatment without them. Yet, this need creates a challenge to adequately finance their programs. Some have advocated using clinic income as the major support for PGD programs, but that may be an unrealistic goal when the patient population is typically both complex and economically disadvantaged.⁶³

In conclusion, this study provides insight into the thoughts of a large proportion of PGD program directors on critical issues facing dentistry. These are substantive issues that deserve careful attention by dental educators. It is not clear what impact the increased use of Graduate Medical Education funding will have, both on increasing stipends and on releasing facility and administrative dollars to improve infrastructure. As the Bureau of Health Professions considers allowable expenses for PGD training programs, they should carefully consider the funding issues raised by these program directors. If serving as a safety net is an important program goal, then assistance in supporting staff, faculty, equipment, and even treatment costs for the underserved may well be the most important type of support.

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REFERENCES


