Address by Chair-elect of the ADEA Board of Directors

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This address by the 2014-15 Chair-elect of the Board of Directors of the American Dental Education Association was presented to the ADEA House of Delegates at the 92nd ADEA Annual Session & Exhibition in Boston, Massachusetts. Dr. Thomas is Dean of the Tufts University School of Dental Medicine.

Good afternoon and welcome to Boston! A city long renowned for the prowess of its sports teams, but more infamous these past few months for an unusually large winter snowfall, the evidence of which is still clearly visible. That is not however to diminish our sporting achievements: in the past five years, we have brought home a Stanley Cup, a World Series, and despite the efforts of some to “deflate” our successes, the most recent Super Bowl!

Boston is also recognized as a center of outstanding education, with over 50 institutions of higher education including 12 universities. The city has three schools of dental medicine, all within three miles of each other. This commitment to higher education is clearly emphasized by the inscription on the outside of the Boston Public Library. With its location just up the street, I hope you have a chance to visit while you are here. The inscription reads: “The Commonwealth requires the education of its people as the safeguard of order and liberty.” This sentiment is well appreciated, I’m sure, by all of you in this room.

I am honored to be here today as the Chair-elect of the American Dental Education Association (ADEA), and I am very grateful for your support. As I have learned more and more about our Association over the years, I am continually impressed by it and all that it does for dental education. We are indeed in good hands.

I would like to take this opportunity to introduce you to my two daughters—Meggie, a nurse practicing in Dallas, Texas, and Caity, with husband Will, both of whom are attorneys in San Antonio, Texas—and my wife, Adriana, who is my soulmate, a pediatric dentist, and Associate Dean for Admissions and Student Affairs at the University of Texas Health Science Center at San Antonio (UTHSCSA) School of Dentistry. With her is her son Sebastian; unfortunately, her older son, Drew, was unable to be with us today. Thank you all for being here for me this afternoon!

I was born and raised in Great Britain of Welsh parents and spoke Welsh as my first language until I was five years of age and started school. Although I was educated in English, I consider Welsh to be my mother tongue and indeed still speak to my mother in our native language. I have a passion for the game of rugby, and few things compare to watching the Welsh national team play and, of course, win.

Mae hen wlad fy nhadau yn annwyl i mi
Gwlad beirdd a chantorion,
enwigion o fri
Ei gwrol ryfelwyr, gwladgarwyr
tra mad,
Dros ryddid collasant eu gwaed
Gwlad, gwlad, pleidiol wyf i’i gwlad
Tra mor yn fur I’r bur hoff bau
O byddyd I’r hen iath barhau

It would be impossible for me to share with you the journey I have taken to get to my present positions as Dean and Chair-elect without recognizing the impact of the many individuals who have played a major role in my life as mentors, colleagues, and friends. I must begin with both my parents, who have had a major influence on my life. I am grateful for their love, kindness, and dedication to my younger sister and myself, and especially to my father, a school principal, for instilling in me his passion for education and the life opportunities it can provide. When I was in my final year of high school, my father, in an effort to help me decide where my future career path lay, arranged for me to spend a day with several of his Rotarian friends: a physician, an
attorney, a factory manager, a university professor, and a dentist. To me as an 18-year-old, they were all pretty boring, except for the dentist who took me to lunch in his 280 SL Mercedes. At that moment, my future career path was set!

The only problem was that during my time at dental school in London, I was mentored and influenced by several individuals, including Tom Lehner, who introduced me to research and academic dentistry. As a senior dental student, I was fortunate to receive a travelling scholarship to the United States and, in early 1975, spent six weeks at the dental school in Buffalo, where until recently I had never seen so much snow in my life. There, I fell under the influence of two new mentors, Norman Mohl and Alan Drinnan. It was with Alan that I visited Eastman Dental Center in Rochester and first learnt of their pediatric dentistry residency program. I applied for an open position in that department, and six months later, a month after graduating from dental school, I found myself as a first-year pediatric dentistry resident in Rochester, where I intended to stay for two years before heading back to Wales. More mentors appeared: Stan Handleman, Martin Curzon, Bill McHugh, and Bill Bowen, who together convinced me that dental practice was not for me and that a career in research and education would be far more in line with my interests.

So the original plan to return to Wales was abandoned, and I found myself applying for a faculty position at UTHSCSA. There, under the mentorship and encouragement of Dean Jack Sharry, I decided that I did not have the research credentials, experience, or skills I needed, and I enrolled in the PhD program at the University of Connecticut Health Center. More mentorship in the guise of Harold Loe, Jim Kennedy, and Ed Kollar led me to stay there for 12 years before heading back to San Antonio as Chair of the Department of Pediatric Dentistry. There, I had the distinct pleasure of working with a wonderful group of faculty members for 12 more years. Needless to say, working under the leadership and mentorship of Dean Ken Kalkwarf had a profound impact on me. From San Antonio, I moved to the University of Alabama at Birmingham as Dean for eight years, and then on to my current position at Dean at Tufts.

Looking back over these past 30 years, I am most grateful for the mentorship afforded me and, through that, the opportunities that presented themselves to me along the way. And so it is with ADEA and our opportunities. Our profession is experiencing significant challenges, and by extension so are our educational programs. The demographics of oral disease have changed, while improvements in oral health for most Americans are muted by profound disparities in certain populations. This has led to forces outside our profession questioning our ability, with our current workforce models, to provide all our citizens with optimal oral health. We have had and will continue to have significant advances in science and technology that have a dramatic effect on the way we practice dentistry, to say nothing of the budgetary impact on our schools’ financial operations. The mouth is connected to the rest of the body, and intra- and interprofessional education (IPE) has found its voice, if not yet its place, in our future practice environment. And yet despite the escalating costs of dental education, dentistry remains the number one ranked occupation in the nation.

Let me elaborate on a few of these issues, which I hope will outline where I believe our Association should place its focus in the next year and beyond. First, what does the future of dental practice look like? And what does the future dental practice look like? Group practices and corporate dentistry are becoming more and more popular, but isn’t that somewhat pedantic and possibly not the best answer? With our initiatives with IPE, the evolving changes in the health care industry, and the question of where oral health fits into primary care, why isn’t oral health at the forefront of these discussions? Why can’t we imagine a situation in which dentists, physicians, and associated allied health personnel including dental hygienists, dental therapists, nurses, and physician assistants work together in a common practice environment—with the dentist leading the team? Because if we’re not leading, where will we be?

What role should we as educators play in shaping that vision? I believe that ADEA can and should play a significant leadership role in working with dental schools and allied dental programs in shaping that future. This of course would involve a long-term strategy and many changes in, for example, third-party reimbursements. But this is already happening, so let’s not, as Bruce Baum remarked several years ago, let the next train leave the station!

Whatever the future practice scene looks like, it is clear that evidence-based dentistry will play a significant role in its operation. How do we prepare our students for more research-based future practice? How do we make better use of the research and data making the oral-systemic connection? What role can ADEA play in this area?
And what of the new workforce models? I believe there is no doubt that new workforce models will soon become law in a number of states. How does ADEA get ahead of this issue? Surely, we need to be included in developing and embracing the educational programs that train these individuals.

And given these new workforce positions, what impact will this have on the number of dentists needed? We have long debated this issue: is it an undersupply or a maldistribution? The discussion continues to this day with the recent release of the Health Resources and Services Administration (HRSA) analysis of the future supply and demand for dentists and dental hygienists. This analysis predicts that increases in dentist supply will not meet demand, exacerbating the existing “shortage.” In contrast, the American Dental Association (ADA) Health Policy Institute maintains that unless demand for dental services increases significantly, the current workforce is able or perhaps over-able to meet demand. Dentists’ incomes are stagnant, tuition continues its upward trend, and student debt is more and more in the public eye. How long will dentistry continue to be the number 1 profession? What will that do to our applicant pool? Will we find ourselves back in the 1970s so that, instead of new dental schools opening, some will close? Another ADEA challenge!

And why don’t we consider using student debt as a partial solution to the access to care issue? Sure, we have loan repayment programs, but why not significantly expand these to address unmet need? Another ADEA challenge!

And isn’t it time we pointed out to someone that the indebtedness of students is directly related to the fact that dental schools that depend on clinical income as a portion of their budget (and most do today) subsidize their ability to offer low cost care to the public by increases in tuition rates to balance the books? Another ADEA challenge!

Finally, how do we move forward to address these and many other issues? I believe that as an Association, as good as we are, we have to learn to work more closely together. Too often we have worked as individual councils pursuing our individual goals and not our collective ones. Please don’t misunderstand me: I am not advocating a change in the Council structure, but rather a closer working relationship among them as we move forward to face our common challenges. For these reasons, I along with Diane Holscher, the 2016 Annual Session Program Chair, have selected “Shaping Tomorrow, Together” as the theme for next year’s ADEA Annual Session & Exhibition in Denver. Diane: thank you for your willingness to assume this important role. In concert with that theme, we hope to include more presenters in the program, especially those new to an academic career or to our Association.

I hope you have a safe and enjoyable time here in Boston, renewing friendships, making new connections, and being reinvigorated by an outstanding program to face our future challenges, together. Thank you!