Changes in the oral health workforce

Dr. Jack Dillenberg

The aging of the dentist population, projected retirements and mal distribution of providers coupled with an increasing population support 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 that 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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The "new" dentist will have to be comfortable practicing in this environment utilizing skills, training and experience reminiscent of the stomatological training of physicians of the past.

Norman Gravitt, 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."

Contact Info

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Dear reader,

In a recent study by the PewResearchCenter in the US, a large gap was found in the income of journalists and people who work in Public Relations. In fact, the number of PR specialists have grown to such an extent that they outnumber reporters 5 to 1 by now.

Could this be the start of a new tyranny? Not the kind that uses fists and guns, but rather ideas and concepts that show the world how it is supposed to be according to few and not how it actually is? In my opinion, we are not far away from such a situation as publishers increasingly struggle to stay in the market while, at the same time, corporations use to make obscene amounts of money.

My only recommendation is to permanently question your sources of information because this trend is unlikely to reverse anytime soon.

Yours sincerely,
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The findings of the latest Cochrane review (JT 2014, Asia Pacific 7:4, page 2) may leave dentists wondering whether they should start using so-called easier and cheaper implant systems as promoted by some manufacturers.

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 Bränemark.

In any case, we as dental professionals have to adapt or lose patients. The patient is our only focus which is why we have to change and improve. It is not always the patient’s fault. We have to adapt or lose patients. The patient is our only focus which is why we have to change and improve. It is not always the patient’s fault. We have to adapt or lose patients. The patient is our only focus which is why we have to change and improve. It is not always the patient’s fault.

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