Editorial The Crisis in Postdoctoral Periodontal Education

From the 1960s to the 1980s periodontics attracted the best and brightest of new dentists to its postdactoral programs. The 1990s, however, have seen a steady decrease in the number of applicants to periodontal programs. In addition, several programs have seen a decline in the quality of applicants. These trends have continued to escalate, and many programs are currently unable to fill their classes; others barely get enough applicants to keep their programs viable, and some programs have not received a single application for the class to commence in the fall of 1999. As the number of periodontists decreases, so does the strength of the specialty. Increased public awareness, medical/dental interfacing, and new diagnostics and therapies all bode well for a bright future in periodontics. If specialists are not available, then other clinicians with significantly less training, knowledge, and aptitude will fill the void. The degree of skill necessary to treat moderate to advanced periodontits will be continually adjusted downward to fit the existing status quo, and the speciality of periodontics as we know it will cease to exist.

What are the reasons for the crisis that now exists in postdoctoral periodontal education? Many anecdotal responses are apparent: (1) the additional year of training necessary for periodontics may make other specialties such as endodontics or orthodontics more attractive; (2) the high cost of dental education makes the 3 additional years of specialty training prohibitive for all but a few; (3) the emphasis on research, rather than on pure clinical teaching as in the past, has significantly reduced both the time devoted to clinical study and the number of faculty available for clinical teaching; (4) the amount and sophistication of the new knowledge that must be learned may make periodontics a more academically challenging specialty than others; (5) periodontics is taught mainly by general dentists and dental hygienists in some schools, which may deter some potential students; (6) dental students' periodontal experiences can be less than rewarding; and (7) perceptions of a financially secure and comfortable lifestyle as a periodontist are not as clear as they once were. These are but a few of the most often heard reasons for the decline in the applicant pool, and these perceived problems may or may not be true. What is certain is that many predoctoral dental shudents have a negative perception of periodontics and their future in it.

Because of the declining applicant pool, a survey known as the Sheps Center Study was commissioned by the American Academy of Periodontology. This study collected data from a random sample of third-year dental students. While 21% of the respondents stated that they were interested in periodontal training, only 4% stated that they actually intended to pursue periodontal training after graduation. In 1996 a total of 3.810 students graduated from dental school. This means that 152 candidates applied for the approximately 150 available postdoctoral periodontal positions; since a few programs have 50 or more applicants per year, this explains why some programs go unfilled each year. Clearly, the number of dental students that are definitely interested in postdoctoral periodontal training needs to be dramatically increased.

The reasons that were rated as "very important" by more than half of those considering postdoctoral periodontal training were: (1) "Helping people by treating their periodontal disease"; (2) "Enjoyed doing periodontal procedures in dental school"; and (3) "Positive relationship with periodontal faculty." These responses indicate that the influence of the faculty and students' overall periodontal experiences are important determinants for those who select periodontics as a specialty. A return to the role model periodontist of the past is essential if periodontics as a specialty is to survive. This will require a major conceptual shift at the highest academic levels. Outstanding teachers must be recognized and rewarded; undergraduate dental students need more exposure to experienced, charismatic periodontists. In addition, the student perceptions that the program "ties up their patients" and is the "black hole of the school"—because when patients are sent there they will not be seen again for months—must be corrected as speedily as possible.

Monetary reasons, which outwardly appear to be of paramount importance, are apparently not that important to a dental student selecting a specially. Interpersonal relationships with the faculty and the student's overall periodontal experience are more important factors. Once established, negative perceptions in these areas are not easy to correct; this may even be an impossible goal in the short term. Periodontics will survive, however. How it survives depends on you, not on the other guy.

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