

The future of pedodontics

The American Dental Association has formed a special committee chaired by Dr. Richard Oliver on the future of dentistry, and has invited comments on the committee's preliminary assumptions in order to develop working papers which will include all factors necessary for planning for the future of the dental profession. Five working groups in the areas of research, education, manpower, public and professional concerns, and dental practice have been formed, and open hearings have been scheduled during the annual session of the American Association of Dental Schools in March, 1982. The working issue papers will be ready for distribution sometime in June.

The Special Committee on the Future of Dentistry will comprehensively address all major issues including such topics as: alternative modes of practice and practice settings, utilization of auxiliary personnel, and the scope and trends of specialty practice. Issues addressed in dental education include: considerations for changes in the total length in the predoctoral program, forecasts and effects of crowded curriculums, revenue sources for dental education, and the effect of decreased enrollment on educational costs. In the area of dental manpower the issues will include: trends in dental income, dentist busyness by region (based on hours worked per week), modes of practice of recent graduates, success of dentists in terms of productivity, dental specialty manpower, historic information and projections, economics of dentistry, the overtreatment/undertreatment controversy, the influence of private dental insurance funding, and government funding and demographics that affect the demand for dental care. Under public professional concerns, topics such as public perception of dentistry, trends in health systems agencies, etc. will be discussed. Your President, Dr. Vincent N. Liberto, has requested input from

the board of directors and the membership. Numerous suggestions and comments on implications for the specialty of pedodontics were received, and he has forwarded the recommendations of the American Academy of Pedodontics to the special committee.

In addition, Dr. Liberto has appointed a special committee on the future of pedodontics, to be chaired by Dr. Charles Rosenbaum who will address the area of dental practice. He is ably assisted by Dr. Milton Houtp for research, Dr. David Avery on education, Dr. Fritz Parkins on public and professional concerns and Dr. Bernard Machen on manpower. In addition, Drs. William Brown and William Allen will serve as consultants to this committee. The annual program at Houston will also have addressed some of these issues. Your input to these members as well as to the board of directors and president Liberto will continue to be valued in shaping the future of pedodontics.

The practice of pedodontics is undergoing changes as the dental caries prevalence in children has significantly declined over the last decade. Advanced pedodontic education programs can no longer afford to train pedodontists who simply are providing "dentistry for healthy, wealthy children." Rather, the pedodontist of the future should be able to provide a higher level of care in order to meet the comprehensive health care needs of all children — but particularly for chronically ill, physically disabled, or emotionally compromised children. The changing disease patterns in normal and handicapped children will mandate a changing curriculum that is flexible and responsive to the needs of these specialized populations. While pedodontists will continue to be primary care providers for a significant percentage of the normal child population, as more general practitioners become better trained in the management of children, more and more

dentists will be able to share this responsibility. Pedodontists will be the primary care providers for acutely ill children in hospitals, chronically compromised children in institutions or at home, and for mentally and physically compromised children.

With continuing improvements in medical care and advances in medical technology, the quality and scope of services provided to patients with developmental disabilities have steadily expanded. The role of the pedodontist has also gradually changed and evolved so that he or she is now an integral member of the health care team. Significant collaboration and contribution by the pedodontic specialty profession has been made and must continue in areas of (1) primary prevention and total health promotion, (2) prenatal counseling, (3) perinatal and neonatal care, (4) hemophilia, (5) genetics and orofacial anomalies, (6) cleft lip and palate, (7) chronic diseases including congenital and acquired cardiovascular diseases, (8) mental retardation, (9) acutely ill or terminally ill children, (10) bone marrow transplant subjects, (11) children with severe oral burns, (12) emotionally and physically handicapped conditions, (13) special oral and pathological problems in children, and (14) interceptive orthodontics of a comprehensive nature.

There also appears to be a need for a second level of training, such as a fellow in

developmental disabilities, both for newly graduated pedodontists and for the pedodontist who wishes to receive intensive experience and training in some subspecialty areas of pediatric dentistry.

Even though recent workshops on pedodontic education have been held both at the Eastman Dental Center in 1978, and at the Pedodontic Postdoctoral Education Workshop held at the University of Iowa in 1980, there is a sense of urgency in reviewing the entire spectrum of the specialty of pedodontics from the predoctoral curriculum, to postdoctoral education, to the clinical practice of pedodontics. With the resources of the American Academy of Pedodontics and with the able leadership of Drs. Vincent Liberto and Robert Musselman, we should have as a top priority the development of a comprehensive plan for the future of pedodontics. This plan should have input from all segments of the pedodontic specialty including those in teaching, administration, research, and private practice. With visionary planning, and realistic evaluations of present and future trends the specialty of pedodontics will not only survive, but will excel in the rapidly changing scene of dentistry — not only in the United States but globally.



Pediatric Dentistry **Receives ICD Award**

Editor in chief Dr. Stephen H. Y. Wei accepted an Honorable Mention Golden Scroll Award from the International College of Dentists on March 8 at the ICD Journalism Conference in Chicago. The award reads, "subtle, effective changes in design and typography rather than complete redesign are notable. The cover is much improved." This is the second award presented by the ICD to Dr. Wei in the three-year history of *Pediatric Dentistry*.