

Manpower and the changing economy

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If you are completing a graduate orthodontic program this year, you probably already know that life has changed since just 18 months ago. I'm not talking about the expected return on a 401k plan or airport security. I am talking about manpower needs in the specialty. Changes in the demand for orthodontic care and in the number of clinicians willing to provide this care have reshaped the manpower picture dramatically in a very short time.

The AAO's Study of Members 50 and Older, conducted by an outside research and planning group in 2000, reported that 25% of respondents expected to stop practicing completely within the next 4 years, and 56% expected to stop practicing completely in 5 to 10 years. Today, many of those clinicians have decided to delay their retirement for several years. Just a few years ago, most new graduates could choose from many practice opportunities. Those graduating this year report far fewer opportunities. "I would be happy to take a hygiene job for a while, if something doesn't break soon," noted a student ready to leave school after 10 years of scholarly pursuit.

What has caused this abrupt turnaround? Has the fall in the stock market caused large numbers of practitioners to put off retirement? Has the depressed economy caused many potential patients to delay treatment? As a profession, we need to know the answers to these and other questions so that we can shape policies to help.

Clinicians in their first 5 years of practice might have an entirely new wish list as a result of recent changes in the economy. Would they support a more active public relations program than members my age, who are closer to retirement? If so, what do they see as an effective yet professional way to encourage potential patients to seek treatment? As an association of like-minded health care specialists, do we know whether the attitudes of these members are any different than they were 2 years ago?

Changes in support of our younger members are already occurring and simply need more time to flourish. During the recent American Dental Association (ADA) meeting in New Orleans, changes in state licensure were proposed, with new and younger members of our association having the most to gain. The AAO Distance Learning Education Catalog was mailed last November with a flexible format consisting of videos, CD-ROMs, and online opportunities—providing cost-effective continuing education opportunities. Some form of debt relief for graduates who want to go into teaching has even been mentioned. Are there other ways in which the new practitioner can be supported in the lifelong challenge of building a successful practice?

Members over 50 might have changed their immediate plans to retire, but do we know that? This question could be answered by the AAO's research family, a random sample of members who have agreed to participate in selected surveys over the Internet. The advantages of turning to the research family for this information are timeliness and cost. What about the practitioner who retired 2 years ago, moved to another state, and now needs to work 1 or 2 days a week? Licensure requirements might be the biggest hurdle. If a change is needed, what is our role as an organization in supporting this member?

And last but not least, my concern is for patient care and, especially, access to care. As well-trained clinicians, we can provide the best orthodontic treatment in the world—providing it is affordable. Listening to ADA President Chadwick during the past year has convinced me that he heads a new organization, one that is committed to doing everything possible to deliver good dentistry to everyone in need of care. Yes, the ADA is becoming a "can-do" organization. The Give Kids a Smile program, the ADA's first national access-to-care initiative, is an example of change that deserves our attention.

Five years ago, Rotary International challenged its members to eradicate polio from the earth by 2005. Ask me in 2 years how important it is to set worthy goals.