Concern over possible shortages of qualified educators in dental schools in the United States and Canada is increasing.¹⁻⁴ The problem is multifactorial: the major causes are aging of current dental educators causing attrition through death and retirement, resignation of faculty to pursue the more lucrative area of private practice and fewer dentists assuming full- or part-time faculty positions at dental schools. In a 1997 survey,¹ deans listed faculty recruitment and retention as their primary problems. According to Flores-Mir,³ “The problem is not only to fill the current open positions, but also to address future needs.”

During the 1980s, the number of full-time clinical faculty members in dental schools decreased by 12%.⁵ Between 1986 and 1997, the average number of faculty declined by 18%¹ and, by the next decade, retirement of those 60 years of age and older will create a critical shortage of educators. Projections indicate that by 2020, the dentis-to-population ratio will be at its lowest point since before World War I.¹,⁶ In the United States, dental schools are graduating approximately 35% fewer dentists than in the early 1980s.¹ To address the shortage, dental schools will almost certainly need to increase the size of graduating classes, which will further reduce the already critical faculty–student ratio unless there is an influx of new full- and part-time faculty members.

All indications are that the Canadian situation mirrors that of the United States.⁴ The problem is evident in dental hygiene programs as well. According to Mitchell and Lavigne,² “Within two years, 24% of dental hygiene programs will have full-time faculty positions available, growing to 40% within the next five years [which represents] a 68% shortage of full-time dental hygiene faculty within the next five years... the results of this study suggest that a faculty shortage will be acute in Canada by 2008.” As Haden and others’ state, “Ultimately, in a confluence of dire consequences, the faculty shortage threatens the health of the public. Without adequate numbers of qualified faculty, dental schools simply cannot educate sufficient numbers of practitioners to meet the oral health needs of the public.”

This leads to the issue of the difficulty that dental schools are having in finding replacement candidates. A 2000–2001 survey⁸ found that “46% of the vacancies were due to an inability for candidates to meet the specific educational, training, and experiential requirements of the position.” Failure to meet position or scholarship requirements was cited as the reason for 235 vacancies in 2000–2001 and 218 in 2001–2002. However, the most troubling factor was a lack of applications.¹ Response to advertisements for almost a third of the vacant positions was limited.⁸ Dental
hygiene faculties have similar issues: “The preferred credential for teaching [dental hygiene] full-time was shared between the baccalaureate degree (38%) and the master’s degree (33%). In considering the responses received regarding the preferred academic credentials, the authors conclude that a shortage of qualified individuals accounts for faculty with minimal credentials rather than a lack of preference by program directors.”

Schenkein and Best found that the number one reason for not choosing a career in dental education was income level. In the last decade, salaries of full-time faculty have risen 25%–30%, but income in private practice has increased by 78%, widening an already large gulf between the two. Surveys in 2000 and 2001 showed that the inability to offer a salary competitive with the private sector was a factor in 70% of the vacancies (235 of 335 unfilled positions) and that a salary competitive with private practice was by far the most important issue for dentists considering a career in education. Coupled with the increasing debt of graduates, the lower salaries offered make an academic career financially unfeasible.

An interesting strategy that has been advocated is that of recruiting foreign-trained dental educators. However, I study taking this approach was at least partly based on the viewpoint of dental schools in the United States, where “foreign” may include “Canadian.” The Canadian Dental Association has raised concern over the “brain drain” to the United States in its 2005 Brief to the House of Commons Standing Committee on Finance, “CDA is... concerned about the potential for increased relocations to the United States, of well-qualified professors from Canadian faculties of dentistry. While the faculty recruitment problem may be partially related to demographic factors, the increasing problems faced by Canadian faculties of dentistry (and doubts about their future sustainability) must be recognized as contributing factors.”

I propose that dental schools focus faculty recruitment efforts on the private practice sector, pinpointing practitioners in their mid-40s to mid-50s. Dr. Flores-Mir noted that “the middle-aged faculty who are best qualified... are the most scarce.” At this point in their private practice careers, many of these dentists are ready to work less, slow down and allow associates to carry the brunt of the workload of the practice. These “skilled clinicians” could segue into the field of academics, bringing years of experience and professional competence to a dental school. These 40- to 50-year-old dentists may have a decreased need for cash flow, as their dental school debts will have been repaid, their mortgages under control and their children most likely grown and out of the house. At this point, the dentist will have been engaged in private practice for more than 20 years, may be bored or stressed out by the practice of dentistry and may be looking for a new and different challenge. As a degree in dentistry does not lend itself to myriad employment opportunities, the possibility of teaching dental students may be an attractive option.

Recruitment activities could be carried out at local dental society meetings, at university-sponsored continuing education seminars or at provincial dental association meetings, perhaps using a sponsored booth, or even through a general mailing to Canadian Dental Association members, providing materials outlining the benefits of accepting a faculty position. Instead of term appointments, which create an aura of uncertainty regarding future employment, I suggest that dental schools hire these skilled clinicians as in business, with an initial probationary period of suitable length, perhaps as much as one academic year, and a provision for termination for cause, providing a sense of job security.

The second part of my proposal is that dental schools provide and promote a series of educational opportunities for dentists who would be interested in attaining an advanced degree. I suggest a program that leads to a master’s degree in education, as clinicians would learn how to teach the concepts that they would be passing on to students. Of necessity, this would involve a clearly outlined and structured program of night or weekend courses, presented as an educational package encompassing study over a 2- to 3-year period, culminating in the advanced degree.

If provincial dental associations agreed to grant continuing dental education credits for these courses, this would also make the program more attractive, as in most provinces dentists are required to undertake numerous hours of continuing dental education over a prescribed period. These courses could contribute some, if not all, of the credits required.

If the programs could be run through universities with dental schools, they might have an added benefit of encouraging dentists to become part-time faculty members, if only to avail themselves of the opportunity for a lower tuition fee. This would provide more part-time faculty immediately, leading to more full-time faculty with advanced degrees, which would help to alleviate the difficulty dental schools have in finding applicants with the needed scholarship requirements. As these programs continued, the system would self-perpetuate, as retiring faculty would have replacements already preparing to step in, while new “empty-nesters” would be ready to start the advanced education process, become part-time instructors and so forth, hopefully into perpetuity.
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References