

He Who Pays the Piper

One of the givens in contemporary dental education is that costs will continually escalate. In recent years, we have seen an increase in tuition for students in the state schools, which have traditionally been significantly less expensive than the private schools. It is not surprising that the cost of private school education has increased similarly, creating a continuing tuition disparity between the two types of institutions but at a higher base price. Given our economy, it is unlikely this trend will reverse itself or even stabilize in future years.

The cost of education is only partially borne by tuition fees. Private institutions rely on endowments, charitable contributions, research grants, and clinic income to supplement tuition fees. For state institutions, traditionally, there has been a budget for the school as well as the non-budgetary sources of dollars as with the private schools. Unfortunately, governmental budget support of dental education has been decreasing. This is a trend that is unlikely to change given the economic history of our state. Couple this with the belief that legislators understand that dentists earn a reasonable living following their education and can afford to borrow and repay significant amounts of money to educate themselves, and one can understand how they are somewhat reluctant to increase funding for education to train those who have high earning potential. As a result of these issues, dental education has been marginalized in many university administrations. The net result of this downward spiraling financial situation has been the closure of at least five private schools within the past 10 years. Clearly, this is a trend that can-

not continue if we are to educate young people.

Another negative trend in the financing of dental education has been the recent loss of federal graduate medical education dollars that, at least for a few years, funded postgraduate education for advanced training and specialization in areas that have traditionally been tuition bearing. In many institutions, postgraduate students who pursued orthodontics, periodontics or endodontics, for example, were paid a stipend as residents as would be the traditional medical or oral and maxillofacial surgery residents who are hospital-based. With the loss of this federal money, students have to consider their indebtedness relative to not only postponing their practice career, which will enable them to earn sufficient funds to retire their debt, but also increasing their debt by a significant amount of dollars to fund postgraduate education in a nonpaying specialty. Some educators believe this might limit the pool of qualified applicants to graduate programs due to the students' reluctance to encumber themselves further. If this trend continues, it stands to reason that talented students with diverse backgrounds might not avail themselves of promising careers as specialists for unfortunate reasons.

The deans at the dental schools are constantly seeking alternate means of funding for their institutions. Collaborative efforts with outside sources have taken a priority in their fiscal programming. Significant efforts are being made continually to seek donations from alumni or other interested individuals; foundation and research money, while generally limited, is pursued aggressively; and joint programs with den-



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tal and other industry companies are being explored on a regular basis as an alternate means of finance.

The University of Colorado School of Dentistry recently entered into a financial arrangement with the Orthodontic Education Company, a profit-making private enterprise that owns a series of orthodontic clinics, to fund a new building, as well as begin an orthodontic residency at that school. Sixteen entry positions were developed and accredited by the Commission on Dental Accreditation. The corporation is responsible for funding the educational costs of 12 of the 16 students. The remaining four positions are filled by students who are responsible for their own costs. For the students who are funded by the corporation, there is an obligatory long-term commitment to work at locations to be determined by the corporation. The salaries and benefits for these individuals are fixed by contract.

Conceptually, the corporation states that the orthodontists being educated for their program will practice in underserved areas to increase orthodontic availability to patients who might otherwise not have that option. In addition, it is proposed that the selection of students in this program will focus on diversity. The outcome of this program, with the ultimate distribution of graduates, remains to be determined since it has been functioning for only a short time and the first class is yet to be graduated.

There has been significant outpouring of concern for the integrity of dental education when corporate America has responsibility for the financing of programs. This is not unreasonable. However, it is important to understand the precedent for profit-making entities to be influential within the educational arena is already set in many ways. Numerous private specialist practitioner offices present continuing education courses to educate local dentists

with the intention that the specialists will receive back referrals for care. There are also private companies that specialize in developing continuing education programs for profit. Most dental schools, while not profit-making organizations, rely on their own continuing education programs to produce income for the school to offset expenses.

The critics of these programs have been uneasy with the idea of indentured servitude for the young professionals who are pursuing their education through this mechanism. This, however, is hardly a new concept in dentistry. The military has programs, which have been in place for a long time (and work quite well), where they fund students for all or part of their education in exchange for which the student is obligated to return a fixed number of years of service. There are large groups in several of the dental specialties that identify an individual early in their career and fund them during postgraduate education through any number of mechanisms in exchange for which the individual will practice in that group. Similarly there was a *60 Minutes* televised segment where small towns that lacked physicians paid for the medical education of members of their community with the caveat of a contractual obligation to return there to practice.

Outside of health care, it is not uncommon for a law firm to identify students and offer similar educational enticements in exchange for a commitment to work for them. Businesses commonly send their junior executives to school to receive advanced degrees, with the understanding the executive will maintain their position with the company or be obligated to pay for their own education.

The orthodontic model has generated fears that graduates will be practicing in local communities, thereby undercutting and driving out the traditional practitioners. This remains to be seen in that

there have not been sufficient numbers of orthodontists produced by the system.

Philosophically, we live in a free-market economy and all need to compete at our own level. Do we liken the programs set up by these corporations to Wal-Mart and assume they will bring an end to private practice as we know it? We agree there are numerous underserved individuals, and it is suggested these companies will allegedly provide care for them. This a noble cause. But remember, these companies are essentially profit-making capitalist groups, and while social good is important, the bottom line always will be dollars.

Alternate means of financing education at the predoctoral and graduate levels exist, will remain, and need to be maintained. There is no question arrangements such as with the Orthodontic Education Company will continue to develop to provide education that is otherwise becoming fiscally difficult for students. We must be cautioned that the curriculum, selection of students, hiring of instructors, outcomes assessment and certification of professionals must remain forever in the hands of the educators who are responsible for providing the highest level of learning for these individuals. Corporate America, the federal or state government, foundations, or individuals cannot interfere in the process. Students who elect alternate means of financing their education must be fully aware of the significance of their actions. It is clear we are in a changing financial environment. Programs cannot, and should not, be sold to the highest bidder. The inevitable change in the fiscal structure of dental schools must not alter our commitment to our profession at the highest level. **CDA**