Former hygienist now dentist, president of AGD

In an interview with Dental Tribune, Dr. Paula Jones, president of the Academy of General Dentistry (AGD), discusses her love of dentistry, some of the challenges facing dental professionals today and how the organization she leads is addressing these challenges.

By Fred Michmershuizen, Online Editor

I graduated from Indiana University in 1975 as a dental hygienist, and after working for three years found that I loved the practice of dentistry so much that I wanted to be able to perform more procedures. In order to be able to perform more dental procedures than I was allowed to do as a hygienist, I knew that I would have to attend dental school.

I took courses at night to achieve all the requirements for dental school and was accepted to Case Western Reserve University in 1978. One of my favorite instructors there introduced our class to the AGD, and I have been a member ever since. I thought that I could not go wrong by joining an organization that was all about lifelong learning.

Once I heard about fellowship in the AGD that became my next career goal after graduation. I am proud to say that I did achieve this personal goal in 1995 and received it at the AGD Annual Meeting, which was held in Baltimore that year.

So now I feel as if my dental career has come full circle because I will be leaving my presidential term in Baltimore this coming July. I had also received the AGD Distinguished Service Award in 1995, so Baltimore holds many fond memories for me.

Would you please tell our readers a little bit about you and your background?

What are some of the AGD’s short- and long-term goals?

Advocacy has become a key goal for the AGD, both now and in the future. If general dentistry is to retain its autonomy in a world of change, then we must be at the discussion table, wherever that may be. Advocacy is what our members are demanding, and that is what we are providing in many different ways.

Advocacy for general dentists and our patients and membership go hand-in-hand with our core competency of education. Our fellowship and masterships are highly regarded and mastership are highly regarded and are very popular among our members, all of whom are dedicated to lifelong learning. With dentistry in the minds of policy makers in Washington as a part of health care reform and in the individual states with access to care as an issue, it is more important than ever that the AGD speaks for the general dentist.

What can those who plan to attend the upcoming AGD meeting in Baltimore expect?

Our Annual Meeting & Exhibits, to be held in Baltimore July 8–12, is the premier general dentistry event of the year.

There are a number of new and exciting highlights for our attendees this year, such as: joining AGD at the University of Maryland Dental School to experience cutting-edge continuing dental education and the cutting-edge facility; attending the opening general session with keynote speaker Cal Ripken Jr., Baseball Hall of Fame member, who played his entire baseball career for the Baltimore Orioles; participating in the AGD Premier Celebration on Saturday evening; networking at the welcome reception in the Exhibit Hall; and more dental team courses to help train teams in the best practices in dental care.

Free registration is available for all dental students, residents and recent graduates. Dental team members also receive free registration when their dentist registers for the full meeting. To learn more about AGD 2009 Baltimore or to register for this event, visit www.agd.org/baltimore09.

In your view, how is the current economic downturn affecting AGD members and their patients?

I have had many mixed messages from our members. Many are severely affected by the economic downturn of our country, while some say that they are as busy as ever. The common thread seems to be that patients are not pursuing cosmetic dental procedures like veneers and whitening as much as before.

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and only agreeing to treatment that is absolutely necessary, and many are postponing the larger comprehensive reconstructive treatments until the economy picks up.

One favorable issue for dentistry is that it is a health care profession and health care is a necessity, not usually an elective treatment. There is still a huge need in the general population for routine dental checkups and restorative treatment.

The downturn in treatment acceptance and busyness among dentists seems to be most affected by a geographic consequence — if the economy is very bad in a particular area and unemployment is high, this seems to be where the dentists are most affected.

What is something you would like to see changed about the way dentistry is practiced today in the United States?

I personally feel that the dental team concept has served us, and our patients, very well over the past 50 years that I have been involved in practice. We as practitioners have become more efficient in the use of our chair time and scheduling, new and better dental materials and with the use of expanded function auxiliaries.

The preventive practice is still the gold standard and the reason that dentistry has been able to retain its autonomy in the health care profession when the practice of medicine has been specialized and splintered to the detriment of patients everywhere.

The only thing I feel that makes sense in changing the way dentistry is practiced is to try to achieve a better distribution of the existing dental workforce. There are geographical locations that are saturated with dentists, while other areas of the country are severely limited in the number of practitioners or absent any dental care at all.

I do not feel that a second tier of dental practitioners providing optimal care for every patient, not to provide a lesser educated practitioner — such as a proposed midlevel provider — for the segment of the population who, due to socioeconomic factors, are least able to afford to pay for their dental care.

Is there anything you would like to add?

Yes, thank you for asking. General dentistry today is at a crossroads with threats on every side.

There are specialists who are trying to restrict certain procedures that general dentists have historically been trained to provide for their patients.

There are the dental hygienists who are trying to develop the advanced dental hygiene practitioner who will be able to perform irreversible procedures such as cutting tooth structure, placing restorations and extracting teeth.

There are government entities that are trying to pigeonhole dentistry into the medical model and revamp the ever-successful practice of dentistry with the dental team as the core into something like the socialized and tiered practice of medicine.

There are the dental schools whose curriculums are turning out general dentists who have never extracted a tooth, never performed any kind of periodontal surgery and never placed an orthodontic bracket on a live patient.

We as a profession need to be vigilant and to speak with one voice. The Academy of General Dentistry is the only organization that speaks solely for the general dentist. We encourage membership in the American Dental Association as well, but know this — if we do not stick together as a profession we will be torn apart by the forces mentioned above that would like nothing better than to have general dentists as an impotent group that directs the practice of dentistry by remote, electronic means and to have as little contact with the patient as possible.

For your readers that may think this notion is farfetched, then maybe you should move to Minnesota or Maine, where this farfetched scenario is becoming a reality.

For more information please contact the ICOI Central Office at (973) 783-6300 or visit our website at www.icoi.org