

Should a postgraduate residency be an educational requirement?

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, considers proposals to institute a postdoctoral residency requirement for all dental students.



Where Does PGY-1 Fit In?

If you attended "The Future of PGY-1" at the 2008 ADEA Annual Session in Dallas, you were treated to an animated discussion with plenty of surprises. Views on whether or not to require a postdoctoral residency year ran the gamut. Proponents asserted that a residency year is the best way for dental students to achieve mastery of the curriculum and develop clinical expertise and the insights needed to become self-reliant independent practitioners. Others saw merit in a residency, but questioned the necessity and fairness of making it mandatory. Still others asked if requiring PGY-1 isn't putting the cart before the horse, suggesting that it makes more sense to reexamine the prerequisites to dental school and reform predoctoral curricula before deciding whether or not a mandatory residency is warranted.

[New York](#) is currently the only state with a mandatory program. Its "PGY-1" moniker is fast becoming synonymous with any required postdoctoral residency. I'm as guilty as the next person of using PGY-1 as a generic term, but I'm also concerned that this is creating confusion. In New York State, PGY-1 has a particular connotation related to licensure. In earlier years, the state's dentists had a choice between a year of residency or a clinical exam when applying for licensure. Now the clinical exam is no longer required, and a residency is mandatory for all people applying for licensure in dentistry. As a result, the term PGY-1 is often associated with licensure in the practicing community.

The question of whether or not PGY-1 should substitute for a patient-based clinical exam is worth exploring, as are the alternative assessment methods we examined in last month's [Charting Progress](#). But I think there's a more urgent question facing our community. Should PGY-1 be an *educational* requirement?

A growing number of my colleagues are answering "yes." According to Dr. Todd Thierer, ADEA Vice President for Hospitals and Advanced Education Programs and Director of the General Practice Residency Program at the University of Rochester, most people attending the [Second ADEA Summit on Advanced Dental Education](#) in December 2006 favored a required residency in some form.

"It's the right thing educationally," Todd tells me. "As one of my colleagues puts it, if your mother or father asked, I can see a dentist who just graduated from dental school, or I can see a dentist who just finished his residency, which one would you recommend?"

Todd is one of many who see great value in requiring residency programs. They ease the transition from the dental school environment (where students typically see two to four relatively healthy patients a day) to the practice environment (where dentists may treat three or four times as many patients with a range of medical profiles).

Advocates believe that PGY-1 allows novice practitioners to gain speed and efficiency, learn treatment planning, and gain exposure to medically compromised patients. Even residents with very good clinical skills don't always have the knowledge they need to develop treatment plans. This is essential to providing complex care, and with the majority of our students eventually moving into solo practice, these abilities are a must.

PGY-1 might also have ancillary benefits. If an entire year of supervised postdoctoral clinical practice becomes mandatory, predoctoral programs may choose to

decompress their curricula, potentially creating more time for teaching the science of dentistry.

PGY-1 also has the potential to contribute to providing access to care while exposing students to diverse patient populations. Most current residency programs are located in academic health centers, which tend to be clustered in urban areas on the east and west coasts. A mandatory PGY-1 would create a ready market for new residency programs, which in turn could create incentives for the establishment of new programs in underserved areas.

These are laudable goals that are worth factoring in as we consider the benefits of a mandatory PGY-1. What's more, there's no question that residencies have enormous benefit for the residents themselves. But do these potential gains warrant *requiring* a postgraduate residency for all of our students?

It has been my sense that students resent the addition of what some have mistakenly called "a fifth year" to their professional preparation. I recently contacted Dr. Rishi Popat, ADEA Vice President for Students, to ask for the students' perspective on PGY-1. Rishi is currently enrolled in a General Practice Residency program at the Harvard School of Dental Medicine, so I think it's fair to say he is among those dentists who appreciate the value of postgraduate education.

"There seems to be a misconception that all dental students are vehemently opposed to a postgraduate year. As it currently stands, there is not enough evidence to collectively support a mandatory postgraduate year for all dental graduates. We first need to collectively decide if this proposal stems from curricular change in dental education, access to care for underserved populations, or the desire to replace live patient state licensure exams. Once we examine all perspectives, we can arrive at an ideal treatment plan."

The ADEA Council of Students has also voiced some practical concerns. They legitimately fear taking on additional debt; family obligations may make relocating for a residency program a hardship; and some see PGY-1 as unnecessarily delaying their entry into the workforce.

These factors stand as very real barriers to implementing PGY-1, and that's only part of the picture. Even if we want every dental school graduate to complete a residency, we lack sufficient placements. We don't agree on whether or not PGY-1 should be linked to licensure. And there is the unavoidable question of how residencies will be financed.

Currently federal grants from the [Health Resources and Services Administration](#) (HRSA) subsidize general dentistry and pediatric dentistry residencies, and the growing interest in Congress in allocating more money to address access to care issues may produce additional funds. Dental residency training programs in hospitals and dental schools are also eligible for [GME funding](#) and may be able to expand the number of students served through this program. Nevertheless, federal budgetary constraints are a reality that suggests that financial solutions may need to come from a variety of sources.

We also need to examine other ways to ensure the current predoctoral curriculum is as efficient and effective as it can be; we may find that we do not need an additional year of education. In 2005, ADEA established the [ADEA Commission on Change and Innovation in Dental Education](#) (ADEA CCI) to guide the Association's efforts around change in the predoctoral curriculum. Nine special ADEA CCI white papers have been published in the *Journal of Dental Education*, with seven more anticipated. These white papers will help to guide dental schools in their own change and innovation efforts. Teams of ADEA CCI Liaisons have been appointed at nearly every U.S. and Canadian dental school. ADEA CCI works directly through these Liaisons as conduits for change. The joint ADEA CCI/Commission on Dental Accreditation (CODA) Task Force has submitted a number of recommendations to strengthen predoctoral dental education accreditation standards, some of which were adopted at the July 2008 meeting of the Commission. An ADEA CCI Task Force on Assessment is at work to develop new assessment methodologies for dental schools corresponding to new educational methodologies. Under the direction of ADEA CCI, a special ADEA Council of Sections Task Force submitted a new set of competencies for the general dentist that was approved by the 2008 ADEA House of Delegates. This same Task Force is beginning to work on curriculum guidelines that correspond to the competencies.

The question of a mandatory PGY-1 will be taken up again at the [Third ADEA Summit on Advanced Dental Education](#) this October in Philadelphia. Todd believes that if it is decoupled from the licensure issue, it will have a lot of traction. "Once we agree that this is what we want to do educationally, we can develop a plan to ramp up our residency programs to meet the necessary capacity."

ADEA's current policy on advanced education endorses coordinating the "educational goals, objectives, and competencies of predoctoral and advanced education" so that dental practitioners have access to a continuum of educational opportunities that will ready them for each phase of their careers. I would argue that this coordination should be our first priority, before we move to make residencies a requirement for all

dental school graduates. Nevertheless, ADEA's current policy of encouraging "all dental graduates to pursue postdoctoral education" makes clear the unquestionable value of this experience.

How we could create the conditions to make this feasible for all of our graduates is a thorny issue, but like both Todd and Rishi, I share the observation that the barriers to implementing PGY-1 can be overcome if we all agree that this is the direction we want to move in. It's important to remember that the questions surrounding PGY-1 cannot be solved in isolation. The challenge of transforming dental education is like a jigsaw puzzle. We must look at the entire picture as we decide where to place each piece.



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