

Advanced Orthodontic Education As Seen by the Prospective Resident

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An interesting evolution is going on in the developing future of our discipline. You cannot read the media without becoming aware of the cost problems facing higher education in the United States. We still see a remarkable number of very high-quality applicants for advanced orthodontic programs, but the demographics and perhaps the behavior may be changing.

If you go to the AAO member site and log in, click on meetings and education and click on accredited schools, you can find a listing of all of the schools in the United States and Canada with detailed data on their offerings to students. These data were derived from the report of the program directors or department chairs to the AAO.

Among these data are a great many details of program length, cost, stipends, etc, which can impact heavily on future classes. For example, it probably will not be surprising to see that the hospital-based programs dominate the list of programs that are financially most beneficial to the student. What caught me by surprise was finding that the school-based programs are still more competitive for admission than the hospital-based programs based on the applications to acceptance ratio. Indeed, the best deal for the student results in a program paying students stipends that can result in over \$150,000 net gain whatever tuition is charged (if there is any tuition at all). These figures are totals over the total length of the program, be it two or three years. The difference is that these students are treated as residents and funded similarly to medical (and some advanced dental) residents. Here are the top five programs with totals for the program as listed:

Hospital	Total Tuition, \$	Total Stipend, \$	Net, \$
#1	0	151,693	151,693
#2	0	148,760	148,760
#3	0	143,860	143,860
#4	13,200	139,800	126,600
#5	75,000	153,000	78,000

At the other end of the list of schools are programs that result in \$150,000 net gain to \$195,000 net cost to the student. These programs are often in private schools, pay no stipends, and have a hefty tuition charge. That is a difference of over \$300,000 in cost for a student to attend these programs as compared with the hospital-based programs. Here are the most expensive five programs with totals for the program as listed:

University	Total Tuition, \$	Total Stipend, \$	Net, \$
#1	195,000	0	(195,000)
#2	166,667	0	(166,667)
#3	153,000	0	(153,000)
#4	157,500	0	(157,500)
#5	150,000	0	(150,000)

This cost is above the room and board costs and, of course, are added on top of the debt that may have been incurred in the preceding prior bachelor and DDS programs. Thus, it is not surprising that we are graduating students with very considerable six-figure educational debts. If loans are part of the picture, these figures have long since used up the government-backed loans and require private loans with higher interest rates, making education even more costly.

Is this a personal problem or does it have a cost in some other ways? Whatever other ways you may think of, it seems to me that it very likely could impact orthodontic practice. Can a new graduate with potential debts of this magnitude avoid being influenced when it comes time to make a judgment call for a patient? We all know treatment decisions that are left up to a patient will be strongly impacted by how they are presented by the doctor. Can a new graduate who was forced to carry educational debt of the magnitude that we see today still place the patient's best interest first? Imagine the situation where these debts all exist and are calling for repayment. At this point in your life you have put off new cars, buying a home, etc. The pressure to do the right thing for each patient could be jaundiced by these needs to stay in operation.

This situation was not brought on by orthodontists. Schools have long seen orthodontic programs as programs that capture most of the best students. The clinic income issue is another whole story and is clearly viewed as a cash cow in some quarters. According to the 2006–2007 ADA Survey of Advanced Dental Education, orthodontics has the highest first-year tuition of any dental specialty program and the greatest differential between tuition cost and any stipend paid by any dental specialty.

It is human nature to not deal with a situation like this until some clear damage has already occurred, even though we know that prevention is more efficient than treatment. In a sense, we are victims of orthodontics' own achievements. Our predecessors left us great careers. It's time for our stewardship to take a greater role.