

## Guest Editorial

### Continuing Competency: The Issue of the 90s

As dental knowledge grows exponentially, we feel immense pressure to remain competent across the full spectrum of our profession. The astounding progress of recent years brings the realization that it is no longer possible or desirable to attempt to be all things to all patients. As our medical and legal colleagues have learned, increased basic knowledge leads to increased complexity, because we know more and can diagnose more fully. Standards of care increase in direct proportion, and the need for interdisciplinary cooperation grows apace as we reach our individual limits of time and talent. Thus emerges a clearer form of future dentistry.

*The International Journal of Periodontics & Restorative Dentistry* has faithfully set standards for excellence in philosophic and clinical practice since its inaugural issue 10 years ago, when Drs Gerald Kramer and Myron Nevins forcefully iterated the necessity of intercollegial case management. Their first words were:

The international community of dentists, dental scientists, and dental auxiliaries comprehends that the health of the periodontium is the *sine qua non* of comprehensive dentistry. Of equal importance, the survival or morbidity of the periodontium is often dependent on the concepts and precision of restorative dentistry. These underlying and interdependent themes will be the principal focus of this journal.

None of us, whatever our level on life's ladder, has reached our present state alone, yet we struggle to propagate the idea that the best way to practice dentistry is in solo private practice. Because we have no common venue, such as a hospital or courthouse, where our judgments and actions are constantly bared to collegial review, we tend to become reclusive and reluctant to embrace the collegial model of professional life. That makes our lives unnecessarily expensive and stressful.

I believe top practitioners of the future will be diagnostically competent across the full spectrum of dentistry and appropriate medical areas. They will be technically

excellent in well-defined zones of personal and professional comfort, and active in calling on colleagues for interdisciplinary treatment planning, therapeutic intervention, and comanagement of complex cases. More of us will practice in group or solo-group facilities, where equipment, space, and staff are shared. We will recognize that our relationship with patients remains the strength of our practices, and we will use every means to ensure that competent diagnosis leads to fully successful treatment for those who come to us.

Most importantly, our methods of postdoctoral education must change. The smorgasbord method we currently use will be replaced by systematic, curriculum-based, interrelated courses offered by progressive accredited schools and institutes that understand that postdoctoral education is more critical than predoctoral: that those of us in practice are responsible for full competency, *right now*. These accredited programs must ensure educational achievement with postcourse testing and must be flexible in allowing dentists to continue their practices while pursuing specific personal, professional, and academic goals. Several such programs already exist, and more will appear. It is in our best interests to seek them out and establish our individual educational goals. We have the opportunity to achieve our full potential and should strive to do so in these exciting and wonderful times.

William F. Wathen, DMD  
Director, General Practice Fellowship Program  
Assistant Director, Department of Continuing Education  
Baylor College of Dentistry  
Dallas, Texas