

## **Dr. Carlos Quiñonez – Specialist in Dental Public Health**

Dr. O'Keefe: I'm delighted to welcome Dr. Carlos Quiñonez who is a dental public health specialist and who is a preeminent researcher in the whole field of dental public health, oral health policy, and beyond. Want to find out his, um, perspectives on career in dental public health with an emphasis on research. Carlos, would you just give us a little overview of your career trajectory to date please?

Dr. Quiñonez: Thanks, John and thanks for having me. I graduated from dental school in 1998 from the University of Manitoba. I was quite young, I was actually 23, so I really didn't have a sense of what I wanted to do with myself over the long-term. So, what people who get to graduate from such a great profession at a young age get to do and many others as well actually, is buy some time by learning more and I got a chance to do that by doing a community dentistry internship. I ended up working in the public sector in an isolated and rural communities in Canada, which was wonderful, and I enjoyed it so much that I signed on for yet another year at the University of Manitoba as a research fellow, actually, which was sort of a transition into what would essentially become a master's in community health sciences at the Faculty of Medicine at the University of Manitoba. I did that and then I decided that I wanted to do a combined PHD and specialty training program in dental public health which was only offered at the University of Toronto; and I began that in 2004 and finished in 2009.

Dr. O'Keefe: You direct that specialty training program at the UofT, am I correct?

Dr. Quiñonez: I do. I am the director of the specialist training program in dental public health since 2009 and consider myself very lucky to be in that position.

Dr. O'Keefe: Why did you become a specialist and specifically a dental public health specialist?

Dr. Quiñonez: I became a specialist for three reasons. The first reason links back to this idea that I just didn't know what I was going to do. You know, I worked clinically in the public sector ultimately for a little bit more than a decade and, you know, I moonlighted in private practice every so often and, you know, it was all very enjoyable, but I just felt that for my own person I need is more. So that's the first reason. I thirsted for something else in addition to clinical work. The second reason was that I was raised in a family of academic/medical people, so it was in my blood, essentially. And last but not least is a place where I found passion as I delved deeper into postgraduate work.

Dr. Quiñonez: You know, I'm one of those people— and I wish everybody was like this but I know, I know that's not always possible—but I'm one of these people that is incredibly lucky to have a job with that is for the most part fun, enjoyable, stimulating in many different ways and it's just, it's become my passion.

- Dr. O'Keefe: Is there any such thing as a typical day for you? I guess you're doing research, you get to do consulting in different domains, create a composite work day/work week for you.
- Dr. Quiñonez: Well, that's again a reason why I very much enjoy this work. There really is no regular work day as most people would know it, or work week or work month or year to be honest with you. It's really about what you want to create.
- Dr. Quiñonez: That's one of the wonderful things about being a researcher, you know, you get to ask interesting questions and you get to answer them in interesting ways and that involves a whole heck of a lot of different things. But I'll give you a sense of how my day goes just so you understand how my life works. I've always been a terribly early riser and it's become earlier and earlier as I've aged. So now I generally wake up at about 4:30 or 5:00 in the morning. And, I end up putting in about maybe two or three hours of work, which has always made me feel very, very good, and then I get to do another one of my passions which is Brazilian jiu-jitsu. We won't spend much time there today, but uh, if you ever want to talk about that with me, I'm happy to engage.
- Dr. Quiñonez: Then I go to work, and again I'm one of these folks that is lucky that I can get to work in about seven minutes by car so that's always a great [inaudible] to living in a large city where commute times could be significant, and then I get to spend time at work answering emails, engaging students, doing the type of administrative responsibilities that is associated with the work that I do. Then I get to go home at about 4:30-5:00 and be with my family. And then I get to do a little bit more work before I go to bed. As I tell my students the type of work that I do in terms of being a researcher as well as consulting on issues of oral healthcare policy and other matters for governments, dental organizations, etc. You're going to work about five to six hours a day, eight days a week. That's a little, that's a little joke, but it gives you a sense that it just, it never turns off. There's so much, there's so much value and benefits that come from it.
- Dr. O'Keefe: What's the source of your research questions?
- Dr. Quiñonez: Actually, that's a very important point and actually speaks to one of the most fundamental aspects of science generally. You know, people say that your master's is an opportunity to learn how to do research. Your PHD is an opportunity to learn how to do it alone, independently. But what they don't tell you is that your PHD is also a time for you to learn how to develop research questions, creative research questions, answerable research questions, alone. And it doesn't always have to be alone, but really the well spring comes from your own creativity. And I really want to highlight, it's invariably and fundamentally a creative process which makes it so engaging.

Dr. Quiñonez: You know, it's essentially reading, paying attention to what is going on in the world, whether it be dental care policy or so on. And I specifically am focused on the politics and economics of dentistry. So, I make it my business to know people like you, John, and all the people involved in organized dentistry because you guys have a sense of what's important and what's going on out there. I also make it my business to speak to people that are involved in clinical life on a daily basis because it's important to understand what their concerns are and what they see because, you know, to use an expression that people often, that people use are at the front lines. So, they really give you a sense of what's going on day-to-day in real terms. So, all of that fuels creative thought around issues that should be answered from an applied policy perspective to try and move this engine forward in a positive and healthy way.

Dr. O'Keefe: You've use the term independent with regard to research. You talked about developing things alone. But surely today, collaboration is one of the big aspects of the work of the researcher, would you like to comment on that?

Dr. Quiñonez: I very much agree. I mean nothing is done alone these days. You know, it would be rare, at least for me, to be the sole author of a publication for example. You know, the types of skill sets that are needed in research are so diverse that one person can't have them all. I mean there are some very talented people that can bring a variety of things to the table but overall, ultimately you need quite a different set of skill sets. But at the same time, notice what I said, you have to offer something. You know, there is a skill set or backpack that you have that creates synergies in teams and it's bringing all those things together that you get to create more than just what you would by yourself

Dr. O'Keefe: To round out the conversation, last question, and I think it's particularly a potentially rich response given that you're the director of the training program, have you any pearls of advice for somebody who's fishing around considering specializing in dental public health, wondering which program to apply to and how to prepare to apply and be successful in the program?

Dr. Quiñonez: So, what I tell people that often visit me or email me is a variety of things. The first thing is you have to come prepared, meaning this is not a specialty or any other specialty, for example, where you don't come prepared with some legitimate interests, you know, whether it be orthodontics, periodontics and so on. You have to have some sense of what is going on in that community, in that space, in order to be thoughtful and conscientious in terms of engaging what your life might look like if ultimately you do do the specialty.

Dr. Quiñonez: The second thing I say, and this is now very specific to dental public health, is that you're really lucky because you have an opportunity to create a life for yourself in terms of a career. Because, you know, many specialists and that's why they're called clinical specialties, they end up doing clinical work which

again, is great, but that's very circumscribed in the Canadian environment. You're either in a private practice or in a group practice or in a hospital. There's a lot of, there's a lot of diversity there, but not, I would argue as much diversity as, for example, what you might be able to engage as a dental public health specialist. You could work as a consultant. You can work as an academic. Do a little bit of both. You can work for government, whether it be federal, provincial, municipal or even in an international context. You can work for professional organizations, so associations, and those are provincial and national in our world, and again maybe even international. And finally, you can work for regulators. So again, in our world that would, those would be provincial regulators because dental public health specialists offer a very unique skillset from the point of view of research policy and so on.

Dr. Quiñonez:

In fact, you at the Canadian Dental Association employ a number of dental public health specialists or have done so in the past and currently do so. And by the way, all of those examples I am thinking in my head of specific people who populate those different environments and you can move around between organizations. It's just a really great, a really great thing. I do have one last thing to say though, or two more things actually. I also tell people that this is not a place where you are going to, if the goal is to be financially independent and wealthy and so on, this is not the place to do it. But at the same time, there's a tremendous amount of wealth that you can build that is not financial, you know. The other thing I say is that because the dental public health environment is so small, because it's not large, you know, if you look at the size of specialties orthodontists are the largest group by far in terms of the number of specialists. Dental public health, you know, there's a handful in the country, let's say two handfuls, but the point is it's small. So, I tell people that if you are excellent the road is clear and there will be a tremendous amount of opportunity. If you are good, it may be tough. And if you're no good, then you're really gonna have a hard time breaking into this environment. Now, that is determined by how hard you're willing to work. So, if you put in the time you can, you can get as much out of this as I have and as my other colleagues that you know have as well.

Dr. O'Keefe:

You studiously didn't mention that people should absolutely apply to the program at the University of Toronto, and I congratulate you for at least staying neutral for the purpose of this interview. Do many people consider specialty training in your discipline the United States?

Dr. Quiñonez:

Yes. So, just to give it a little bit more context to your initial comment. Right now, and I will say this earnestly and honestly, unfortunately we are the only dental public health specialty training program in the country. There are other ones that are developed or developing, but we're the only accredited one by the Commission on Dental Accreditation of Canada. I actually think it's important for that to change, for us to grow as a specialty. So that's one thing. But you know, I

can't run two or three programs across the country so that's somebody else's business.

New Speaker: But when it comes to the US there's quite a number of programs and in fact the dental public health environment in the US is quite rich in terms of, not only, you know, I'll give you a quick example. On a per capita basis, the US pays more for public dental care than Canada does. That tends to surprise people sometimes. But in that sense, there's more services, more service environments in the public context. At the federal and state level there's also far more research going on and far more activity. So, I'll give you one last bit of an example. Corporate America in the context of dental service organizations hire and fund dental public health research at an increasing rate because they've realized that, again, dental public health specialists have a very unique skillset that can help them understand issues in terms of quality of care, in terms of merging data systems between medical care and dental care which is the future and is already moving in the US. So, it just gives you a sense of the breadth and the scope and the richness of what the specialty can provide.

Dr. O'Keefe: Well, thank you very much Dr. Carlos Quiñonez for the very interesting set of perspectives that I think our listeners will find very useful.

Dr. Quiñonez: Thank you, John.