



THE AMERICAN COLLEGE OF PROSTHODONTISTS
Implant, Esthetic and Reconstructive Dentistry

August 20, 2007

Subject: Proposed New Prosthodontic FORUM Organizations

Dear Members of the ACP House of Delegates

The ACP Board of Directors has considered and unanimously recommends to the HOD approval of the acceptance of the following as FORUM member organizations:

American Academy of Implant Dentistry (AAID),

National Board for Certification in Dental Laboratory Technology (NBC)

and

Southeastern Academy of Prosthodontics (SEAP)

The requests for membership from these organizations are included as Exhibits B-1, B-2, and B-3 to this letter.

We hope you are able to join us in Scottsdale and that you will plan to attend the House of Delegates meeting.

Sincerely,

A handwritten signature in black ink that reads "Nancy Deal Chandler". The signature is written in a cursive, flowing style.

Nancy Deal Chandler, MA, RHIA, CAE
Executive Director

Enclosure (3)

----- Original Message -----

Subject: RE: (no subject)
Date: Wed, 28 Mar 2007 14:41:08 -0500
From: J. Vincent Shuck <jvshuck@aaid.com>
To: 'Gary Goldstein' <gary.goldstein@nyu.edu>
CC: 'Frank LaMar' <flamar@rochester.rr.com>
References: <45C75276.10003@nyu.edu>

I am contacting you on Dr. LaMar's behalf to inform you that the American Academy of Implant Dentistry will join the Forum and that Dr. LaMar and perhaps one other representative will attend the Forum meeting on November 1.

Kindly provide membership payment information and the details about the meeting, including housing information and the agenda as soon as possible. Inasmuch as the Academy's Annual Meeting is the following week in Las Vegas, it is important for us to make some important travel plans soon.

I look forward to working with you.

J. Vincent Shuck
Executive Director
AAID
jvshuck@aaid.com
1.877.335.2243

----- Original Message -----

Subject:Request for Membership in the Forum

Date:Mon, 04 Jun 2007 13:49:07 -0400

From:Ricki Braswell <Ricki@executiveoffice.org>

To:Gary Goldstein <gary.goldstein@nyu.edu>

CC:Bennett Napier <Bennett@executiveoffice.org>, bdonnell@htctech.net, Doug Stegman <stegmanlab@aol.com>, etukee@aol.com, henry@restorativearts.com, Ricki Braswell <Ricki@executiveoffice.org>

Dear Dr. Goldstein:

On behalf of the National Board for Certification in Dental Laboratory Technology (NBC) I would like the Forum to consider our request for membership.

NBC represents nearly 7,000 Certified Dental Technicians (CDTs), making it the largest technician organization in North America. Also, NBC developed and administers the only (internationally accredited) national certification examinations for dental laboratory technicians in the United States. We advocate for competency standards for dental technology and have greatly appreciated the support that Forum members such as the APS and ACP have shown over the past several years. We would consider it a great honor to be a voting member of the Forum and to lend our voice to the group.

Sincerely,

Ricki Braswell, CAE

Co-Executive Director

National Board for Certification in Dental Laboratory Technology (NBC)

800.684.5310 phone

----- Original Message -----

Subject: Forum membership for SEAP

Date: Sat, 21 Apr 2007 23:39:29 -0400 (EDT)

From: KBarrack@aol.com

To: gary.goldstein@nyu.edu

Gary,

Our Southeastern Academy of Prosthodontics (SEAP) meeting just concluded and our membership elected to join the Forum. I am very glad that we decided to join this year. Please let me know what is entailed and what we need to do next to become members. You had emailed earlier that the dues are a modest \$320.00. Where do we send it? Is there an application or form to fill out? Do you need contact names and addresses? I am looking forward to meeting at the ACP meeting this year. I will be one of the representatives. I am asking Paul Scruggs, a UNC educated prosthodontist from Raleigh NC to be the other.

Sincerely,

Ken Barrack
President Southeastern Academy of Prosthodontics

PROSTHODONTIC FORUM

Who are we?

Academy of Osseointegration	5500 members
Academy of Prosthodontics	130 members
American Academy of Esthetic Dentistry	130 members
American Academy of Fixed Prosthodontics	600 members
American Academy of Implant Dentistry (to be voted on)	3500 members
American Academy of Maxillofacial Prosthetics	277 members
American College of Prosthodontists	2800 members
American Equilibration Society	950 members
American Prosthodontic Society	481 members
Greater New York Academy of Prosthodontics	207 members
The International Academy of Gnathology – American Section	150 members
National Association of Dental Laboratories	1400 members
National Board for Certification in Dental Laboratory Technology (to be voted on)	7000 members
Northeastern Gnathological Society	159 members
Pacific Coast Society for Prosthodontics	135 members
Southeastern Academy of Prosthodontics (to be voted on)	230 members

Some of our organizations are large and others small, with limited membership. All are influential.

Why are we here?

The purpose of the Forum is to:

Provide a unified voice in the representation of the discipline of prosthodontics.

Provide a means of exchanging ideas, incentives and information between prosthodontically oriented organizations.

While each organization has its own sphere of interest, the one overlapping common denominator is the discipline of prosthodontics. Collectively, our combined intellect, energy and numbers give us the ability to be influential in decisions that impact on Prosthodontics.

What have we done?

Our committee report on CERP was forwarded to the ADA and as a result Laura Newmann, the Associate Executive Director of the ADA, came to our 2006 meeting. After an extremely positive interaction she assured us that the ADA is listening, that CERP will become more user friendly and that our member organizations can look forward to expedited reviews in the near future. In fact, the abbreviated/streamlined CERP application is now available as part of any renewal application

Using the Northeastern Gnathological Society's program to support Laboratory Technology education, we alerted all of the organizations to the problems that exist in this area. Our Laboratory Committee has provided a detailed report for our next meeting.

What are our plans?

Continue to be active in problems in the laboratory industry.

To the Chairs' knowledge, the AAFP, APS, GNYAP, PCSP, and SEAP have programs geared towards undergraduate/graduate students. We would like to encourage all of the organizations to foster programs that enhance the exposure to continuing education in prosthodontics.

Be open to new initiatives recommended by our member organizations.

The Chair has represented us at:

Three Laboratory Summits;

an ADEA conference on the Specialties in December Of 2006;
as a speaker on “Big Challenges in Dentistry” at the NADL meeting in January 2007;
on the Board of Directors of the American College of Prosthodontists.

In addition, he interfaced with Laura Newmann, Marsha Spiegel and Steven McDonald of the ADA on the CERP issue.

What are the benefits of membership?

Interaction with groups that have similar interests

Adding to the impact of the discipline on a national and international level

Reduced registration fee for all members of Forum organizations at ACP meetings

This includes a reduced rate at the 2008 AO meeting

Reduced subscription (35%) for all members of Forum organizations to the Journal of Prosthodontics

Forum organization Presidents receive free registration at the ACP Annual Meeting

Representation on the Board of Directors of the ACP

Listing on the ACP web site

ACP 2006 Forum Presidents

Name	Last Name	Association	Address	Address 2	Address 3	City	St	Zip	Phone	Fax	Email
Dr. Steven	Eckert	Academy of Osseointegration	Mayo Clinic	200 First Street SW	W4B	Rochester	MN	55905	507 284-2951	507 284-8082	Seeckert@mayo.edu
Dr. Rhonda	Jacob	Academy of Prosthodontics	M.D. Anderson Cancer Center	Box 441	1515 Holcombe Blvd	Houston	TX	77030	713 792-6917	713 794-4662	riacob@mdanderson.org
Dr. John	Kois	American Academy of Esthetic Dentistry	5615 Valley Avenue East			Tacoma	WA	98424	(253) 922-6056	(253) 922-3513	info@drkois.com
Dr. Martin	Land	American Academy of Fixed Prosthodontics	Southern Illinois University	School of Dental Medicine	2800 College Ave	Alton	IL	62002	618 474-7056	618 474-7150	landmf@mac.com
Dr. Frank	Lamar	American Academy of Implant Dentistry	4 Masters Cove			Pittsford	NY	14534	585 248-5805	585 383-8443	flamar@rochester.rr.com
Dr. Jeffrey	Rubenstein	American Academy of Maxillofacial Prosthetics	University of Washington School of Dentistry	Division of Prosthodontics 357452	1959 NE Pacific St	Seattle	WA	98195	206 543-5919	206 616-8545	jeruben@u.washington.edu
Dr. Stephen	Campbell	American College of Prosthodontists	American College of Prosthodontists	Suite 1000	211 East Chicago Avenue	Chicago	IL	60611	800 378-1260	312 573-1257	STEPHEND@uic.edu
Dr. Ransom R.	Altman	American Equilibration Society	Frankenslag 345	The Hague 2582HP		Netherlands			011-31703521192	011-31703523870	ransom@altman-dental.nl
Dr. Lee	Jameson	American Prosthodontic Society	7350 W. College Drive			Palos Heights	IL	60463	708 448-7588	630 985-0067	dej3@comcast.net
Dr. Gary	Rogoff	Greater New York Academy of Prosthodontics	79 Milk Street	Suite 1100		Boston	MA	2109	617 426-6011	617 426-4680	garyrogoff@aol.com
Dr. Robert	Cronin	The International Academy of Gnathology-American Section	UTHSCA-Prosthodontics-MC7912	7703 Floyd Curl Drive		San Antonio	TX	78229-3900	210 567-6460	210 567-6376	cronin@uthscsa.edu

Prosthodontic Forum

Ad Hoc Committee on Dental Laboratory Concerns

Purpose:

The committee was charged with identifying the challenges facing the dental laboratory industry and developing and presenting a recommendation to the Forum members.

Background:

The Dental Laboratory Industry has 8 billion dollars in annual sales.

- Currently 10-15% is going overseas with a 25% estimate in the near future
- Approximately 12,089 businesses classified as dental laboratories
- 5,000 of those are single technician labs. (many of which are nearing retirement age)
- 48,000 are full and part-time technicians. (*U.S. Census*)
- 43% of CDT are 45-54 years old
- 28% of CDTs are over 55

The Problem:

There are a myriad of challenges that domestic dental laboratories and technologists are currently facing. Most of the challenges stem from the following changes:

There has also been a shift in curriculum in dental schools, drastically reducing the number of clock hours required for dental students in the area of dental laboratory studies and prosthodontics. See enclosed report.

Result: Students have never performed laboratory procedures
Students are not competent to evaluate a returning prosthesis
Students have never met a Laboratory Technologist
Students have no sense of the value of a Laboratory Technologist
Technologists are forced to make decisions on design and product that were typically a dentist's responsibility

"Most dentists rely on the dental technician to choose the materials needed for the fabrication of the prosthesis. With lack of adequate information, all too often the design, fabrication, and completion of the case is left up to the technician. Therefore, our results indicate an apparent trend to which technicians are left to make crucial decisions for dentists."

Journal of Prosthodontics Vol 15. No 2 March-April 2006 pgs 123-28
Z. Afsharzand, DMD; B. Rashedi, DMD MSED, MS; V. Petropoulos, DMD, MS

There has been a drastic reduction in dental laboratory technology schools to only 20 down from a high of 58 in the mid eighties. There are many reasons for this: the cost of CODA certification, CODA requirement that all 5 modules (Crown and Bridge, Ceramics, Partial Dentures, Complete Dentures and Orthodontics) need to be taught, finances, lack of faculty (faculty must have at least one degree level higher than the one that they are educating; there are not adequate BS degrees available to DLT educators).

Result: 11,000 techs are leaving the industry in the next 7 years.

Current technical schools can only train 1,400 techs in the next 7 years.

Lack of qualified individuals to make treatment decisions relegated from the dentist to the technologist

There is a lack of recognition that mandatory standards for dental technologists and dental laboratories are needed.

Result: Lack of standardization in the manufacture of dental prosthesis

Lack of qualified, comprehensively trained, technologists to make treatment decisions relegated from, or in concert with, the referring dentist.

There is a rapidly growing offshore market which takes away from the dentist lab technologist interpersonal relationship.

Result: Lack of assurances that products requested were actually used

Lack of standardization in the manufacture of dental prosthesis

Implications:

Inadequately trained dentists,

Inadequately trained technologists,

Inadequate number of trained technologists to serve the oral health care needs of the U.S. population

Other organizations of interest:

The factors noted above were the catalyst for the formation of the Laboratory Summit which has met for the past 3 years to discuss various issues relevant to the dental laboratory industry. Traditionally, the Summit had about 50 participants who have identified several challenge areas of challenge. A full report is enclosed for you information.

The NGS has completed the fifth year of a collaboration with the dental technology program at New York City College of Technology which includes a summer externship program in NGS and GNYAP member offices for the their dental technology students. Several recent graduates of the NYCCT dental technology program are now working within the dental practices and dental laboratories of NGS and GNYAP members as a result of this interaction.

The **ACP** is committed to the production of interactive dental laboratory modules which will be made available to dental and laboratory technology schools at no cost and is in the process of developing this incentive.

The **ACP** prepared a short “What is a Laboratory Technician” piece geared toward lay visitors on their web site that they would share with the Forum organizations.

Recommendations:

The following is a list to stimulate your thoughts. We hope your respective organizations will come to the meeting with other recommendations and more importantly, methods to implement what is proposed.

- 1) Write letters to the ADA about the decrease in laboratory technology and prosthodontics in current dental education.
- 2) Write letters to the ADA and CODA about the crises in dental laboratory education.
- 3) Adopt a resolution supporting the necessity of mandatory standards for dental technicians, including supporting the need for formal institutional educational programs and mandatory certification of dental technicians.

Committee Members:

Dr. Gary Goldstein, Dr. Leonord Kobren and Ricki Braswell, CAE

Christensen GJ. Yancey W. Dental laboratory technology in crisis: the challenges facing the industry. JADA 2005;136:653-55

Christensen GJ. Dental laboratory technology in crisis, part II: Potential solutions to the challenges facing the industry. JADA 2005;136:783-86

Attachment #1:

PROSTHODONTICS – The Dental School Dilemma:

The Problem:

Limited access to prosthodontic services is becoming a real and growing threat for aging Americans. Research shows that population growth among the primary age groups requiring prosthodontic services is expected to increase significantly over the next 30 years. In 1991, 33.6 million people in the United States required complete dentures; that number will escalate to 37.9 million adults in 2020.¹

In 2000, 12.4% of the U.S. population was 65 years of age or older. This number will increase to 16% by 2020 and 21% by 2050.² The fastest growing segment of the population is the over 85 group. There were 5 million seniors over 85 in 2005 and the number is expected to reach 20 million by 2050². The growth of this age group will generate a substantial increase in demand for fixed, implant and removable prosthodontics. Greater than 40% of those over 65 are completely edentulous.

There are currently 178 million partially edentulous Americans. Public Health data and experts (National Health and Nutrition Examination Survey data, Douglass¹) tell us that the number of partially edentulous (missing one or more teeth) patients will continue to increase over the next 15 years to more than 200 million individuals. Partial edentulism affects the majority of adult Americans and as a result the need for fixed and removable partial prosthodontic care will increase.

Services included those supplied by General Practitioners and Prosthodontic specialists were calculated using the percent time the average GP spends doing fixed and removable partial prosthodontic care services, as well as all specialist care.

Actual Need in 2005	535 million hours
2010	563 million
2020	610 million hours

Unmet Need will increase from 488 million hours in 2005 to 560 million.³ This is a significant issue that will impact the quality of life for many Americans.

¹ Source: Douglas CW, et al Journal of Prosthetic Dentistry 2002:87;5-8.

² Source: U.S. Census Bureau

³ Source: Douglas, CW, et al: Journal of Prosthetic Dentistry 2002:87:9-14.

Over the past 20 years, prosthodontics - as a practiced specialty and as a discipline area in our dental schools - has been steadily declining. Although many of the basic tenets of the rapidly emerging treatment areas of esthetic and implant dentistry depend on a thorough knowledge of basic prosthodontic concepts, many dental schools have reduced, and in some cases altogether eliminated, prosthodontic experiences and requirements for graduation. Dental schools' pre-doctoral programs across the country have experienced a marked decrease in curriculum hours in prosthodontics.

Undergraduate students now have limited exposure to prosthodontic knowledge and techniques, resulting in a lack of experience and clinical competency in these important skill areas. At the Second ADEA Advanced Dental Education Summit, held on December 7-9 2006, the educators present lamented the clinical experience of current graduates and passed a resolution requiring a mandatory PGY-1 for licensure. The decline in the knowledge and practice of prosthodontics adversely affects not only the future of the discipline and its place in dental schools and dentistry as a whole, but also the rising number of patients requiring this type of care. If this decline continues, millions of Americans will feel the effects of the shortage of trained practitioners, leaving needs for prosthodontic procedures unmet.

This impending shortage will have the biggest effect on our most vulnerable aging population and their quality of life.

DENTAL LABORATORY SUMMIT COUNCIL

2007

The following report is a summary of the Dental Laboratory Summit Council meeting held in Chicago, Illinois at the Sheraton Hotel on February 21, 2007.

The Summit meeting convened at 9 am on February 21 and adjourned at 5pm. There were 51 attendees present representing general dentistry, the Prosthodontic Forum including the ACP, dental laboratory technology, manufacturers, dental education, dental laboratory education, the ADA, the NADL, dental publishers, dental retailers, and research groups.

Facilitators of the 2007 Conference

Gordon Christensen

Burney Croll (Executive Director)

Bill Yancey

Approved Mission Statement

The Dental Laboratory Summit Council (Lab Summit) promotes the advancement of the vital collaborative relationship between dentistry and dental technology by facilitating continuous substantive discussions between dentists, dental technologists, those responsible for the ongoing education in dentistry and dental technology, dental manufacturers, dental publishers, dental retailers, and research to provide optimal patient care and welfare.

Approved Overall Objectives of the Dental Laboratory Summit Council

1. To identify ongoing challenges facing the dental technology industry and their impact on the delivery of dental care.
2. To propose actions to meet challenges facing the dental laboratory industry.
3. To publish findings of the Dental Laboratory Summit to stimulate and motivate action by those organizations able to meet and resolve the identified challenges.

Current Representation in the Dental Laboratory Summit Council

Dentistry

Representatives from the American Dental Association, general dentistry, dental specialists, the Prosthodontic Forum, the American College of Prosthodontists, and educators responsible for the pre-and postdoctoral and continuing education of dentists.

Dental Technology

Representatives from the NADL, dental laboratory owners, individual dental technicians, CDTs, international laboratory organizations, and educators responsible for the training and the continuing education of dental technicians.

Industrial supporters of Dentistry and Dental Technology

Representatives from dental manufacturing, dental publishing, dental supply distribution, and research groups.

Objectives of the 2007 Summit Conference

At the completion of this conference, participants will have accomplished the following objectives:

1. Confirmed the appointment of an Executive Director for the Summit group, and confirmed the responsibilities for this individual
2. Determined if another person other than the appointed Executive Director should be selected to assist the Director and provide a broad base of contacts and influence for both the clinical and laboratory areas
3. Heard from the total Summit Group relative to the perceived state of the identified challenges to the laboratory industry
4. Group confirmation of the changes in the laboratory/clinical dental situation since the 2006 summit meeting
5. After hearing the total group opinions on the current state of the four challenges facing the laboratory industry, group modification and updating of the summit conclusions from the last two conferences
6. Individual group decisions on actions to be taken for their respective area in the immediate future by the Executive Director on behalf of the Summit Group
7. Individual group decisions on actions to be taken in their respective area by individual members of the Summit Group or others in the immediate future

The Laboratory Summit Council Approved the Following Responsibilities of the Newly Appointed Executive Director Dr. Burney Croll

Responsibilities of the Executive Director:

1. In conjunction with the originators of the Council or their replacements, plan Summit meetings of the Council
2. Identify individuals or organizations who should be invited to participate in Summit meetings

3. Invite participants to the Summit meetings
4. Solicit funding for the Summit meetings and other costs to administer the Council from manufacturers or others. This has not been difficult to date, because of the minimal funds necessary to administer the Council and hold Summit meetings.
5. Develop agendas for Summit meetings.
6. Administer Summit meetings, either personally or by delegation
7. Compile minutes of Council meetings obtained from Summit committee chairpersons
8. Distribute minutes of meetings to attendees and other influential and interested individuals or groups
9. Coordinate writing of any publications of the Council in appropriate dental publications
10. Obtain press coverage of Summit meetings to have maximum visibility of the identified challenges
11. Follow-up on assignments of attendees to see that they are accomplished in an appropriate time frame
12. Carry out other tasks assigned by the Council

Committees of the 2007 Summit Meeting

Group 1 - Dental laboratory educational programs and student recruitment

Group 2 - Dental laboratory certification issues

Group 3 - Offshore dental laboratories, grey market, etc

Group 4 - Dentist-laboratory interaction

Summaries of Committee Conclusions from the 2007 Conference

GROUP #1: Educational Programs in Dental Technology

Attendees: Dana Cohen, Rosie Davis, Robert Kreyer, Jim Mahan, John Ness, Joe Weisz

There has been almost no proactive investment or plan for the future for the educational system that sustains the profession of dental technology. It is this lack of foresight that has brought us to this juncture. The professionals in dental technology no longer have the ability to sustain their numbers. There are too few educational institutions left to maintain the number of dental technicians necessary to keep our industry alive and healthy, replacing the 11,000 individual dental technicians that the US Bureau of Labor Statistics estimates will be lost by retirement or attrition in the next seven years.

The problems faced by dental technology are many. It is a hidden industry. The public does not know that the industry of dental technology provides a major part of restorative dentistry.

Dentists who do know that the industry of dental technology manufactures the veneers, fixed

prostheses, dentures and implant supported restorations that are placed daily across the country, do not have a face to associate with the work. A public relations initiative that emphasizes the contributions of dental technology is needed to increase public awareness. There has been a steady effort by the stewards of dentistry as well as dental technology itself to depersonalize the individuals that are the industry. The communication between dentistry and the educators and workers of the industry has been effectively diminished. A disconnect has occurred from the level of predoctoral education in dental schools to clinical practice. Dentists and dental technicians need to be convinced to put aside their individual agendas to support the rejuvenation of the collaborative effort that is based on individual relationships. Progress is possible with cooperative efforts facilitated by the Lab Summit.

The starting wage for dental technicians is so low that it is an embarrassment and is discouraging to anyone entering the industry. There must be an effort to publicize potential future higher wages that exist for those who apply themselves in and out the commercial dental technology industry. There are individuals who are substantially paid for their productive and artistic skills. Officially recognized minimum educational requirements to enter the dental technology must be established. The industry itself does not appear to value education. There is little if any recognition given to those who continue their professional development attending educational courses throughout their career. There is limited direct financial reward for increased productivity from dentistry or the stewards of the dental technology industry. Only lately have dental organizations invited dental technologists to be recognized as collaborating team professionals or become equal participating members in the coeducation process. All members of the restorative dental equation should become competent and proficient in the new technologies that are being established in clinical dentistry and dental technology.

Another question that has yet to be addressed is whether we will continue to educate full dental technologists as in the CODA accredited institutions or will we train lab workers in a single specialty area either on the job or at non-accredited educational institutions. There are arguments for both. **WE MUST MAKE UP OUR MINDS!** There are enormous changes in the procedures and materials in the indirect fabrication of dental restorations that are not being addressed in the application of the Accreditation Standards maintained by CODA in many of the institutions that educated dental technicians. Training just lab workers who are step workers may keep our industry alive, but it will be the demise of our profession.

The concerns expressed by this committee were:

- The Department of Labor predicts that 11,000 dental technicians are going to leave the industry over the next 7 years.
- The current 20 ADA CODA accredited programs at full capacity and a 0% attrition rate could only train 4,368 technicians over the next 7 years.

The message that we need to communicate is:

The current state of dental laboratory industry has deteriorated to such an extent that it requires this group (the Laboratory Summit Council) to take an aggressive action by supporting a proven pilot program that demonstrates the rapid transfer of information with standards and quality to meet this shortfall. More schools and training sites need to be created and supported by the dental technology industry.

Action Items:

- The pilot program approved by the Summit group in 2006 must be completed and evaluated including an outcome assessment by representatives from the commercial dental laboratory industry and prosthetic dentistry. If proven effective the pilot study can be expanded to meet the needs of the dental community. The pilot program is a partnership with PTC to train the dental technology students to be proficient and competent in several areas of dental technology and meet the some of the current needs expressed by the commercial dental technology industry and representatives from the restorative dentistry community. The PTC training modules are a recognized and effective educational system that has been a preferred training system in the dental technology industry to provide capable technicians in several areas of dental technology. The expectation is that the students exposed to this level of education early in their career will be better positioned in the dental technology industry, able to meet the immediate needs of the industry and be fast tracked in their integration and their professional development. Students in the pilot program at Los Angeles Community College will proceed through a 5 week entry level program.
- 1 year dental laboratory basic techniques (PTC) and sciences.
- 1 year specialty training in Fixed Prosthetic or Removable Prosthetics.
- 1 or 2 year advanced prosthetic training.

Other educational issues that were discussed by this committee at the Lab Summit included:

- Creating a distance learning component to reach a greater audience.
- Setting up regional centers for the educational needs of the industry.
- Producing a marketing campaign for dental technology as a career
- Targeting the 18 to 25 year old group as students,
- Targeting the relatives of dentists and dental students.

Within California, the cost of educating an **in-district** student at a CODA accredited program average was about \$6,000 per student in 2005. The cost of educating an **out-of-state** student averaged about \$14,000 per student. The cost of setting up a new educational institution would probably run into the millions of dollars. Funding of \$10,000 per student is estimated to initiate this program. For funding we need to invite grants from organizations such as:

- Fund America
- ADA membership

- NADL membership
- American Dental Trade Association
- NBC Membership
- ACP
- APS
- AACD
- Pacific Coast Society of Prosthodontics
- Northeast Gnathological Society
- All state dental organizations
- others

Timeline:

- Write at least 6 articles on these concerns to be published once every two months in the next year
- Communicate to the Lab Summit Group on a quarterly basis.
- Have LACC open satellite campuses in both northern and south California as pilot programs by 2009
- Increase trained technicians by 500 in 2009
 - 750 in 2010
 - 1000 in 2011
 - 1500 in 2014

Responsible party for all action items: Dana B. Cohen CDT

GROUP # 2: Dental Laboratory Certification Issues

Attendees: Bruce Barton, Kim Solomon, Norm Weinstock, Pat Segnere, CDT, Mike Girard RDT, James Morton CDT, Elizabeth Curran CDT, Bennett Napier CAE, David Pfeiffer DDS MS

CERTIFICATION SUPPORT

Increase Certified Dental Technician Value in Marketplace through Dental Client Demand

Action Item: Ask each voting member of the Prosthodontic Forum to consider a policy directive where the organizations suggest their members to use dental laboratories which employ certified dental technicians.

Timetable: Fall 2007

Responsible Party: NADL and Forum

Action Item: Request Prosthodontic Forum member organizations require that their dental technician members be CDT's for membership eligibility.

Timetable: Fall 2007

Responsible Party: NADL and Forum

CERTIFICATION SUPPORT

Global Recognition

Action Item: Support dental technology's National Board of Certification's efforts to offer endorsement and reciprocity program agreements with countries which that have technician education, testing, and/or licensure requirements that meet or exceed current CDT standards. This would have to be supported by dentistry, since it would increase use of foreign dental technicians who would work in the US and/or provide work for the US market from overseas.

Timetable: Vote of support from the Summit participants in Feb 2007. Request a vote of support from members of the Prosthodontic Forum membership in fall of 2007.

Responsible Party: NBC to request the support.

CERTIFICATION SUPPORT

Model Legislation

Action Item: Endorse working model from the ADA ISO Dental Materials Committee which is working on a universal prescription-work order form. NADL has a representative on this committee. The aspect of a form would include an entry for registration numbers of dental laboratories for use in states which require registration.

Timetable: Spring 2007

Responsible parties: NADL and ADA to write a letter supporting the model recommended by the Committee. ADA then would take this resolution before the ADA House of Delegates in the fall of 2007.

CERTIFICATION SUPPORT

Model Legislation

Action Item: Request that the members of the Prosthodontic Forum, the ADA Council on Dental Practice and the ADA Council on Dental Education and Licensure support a uniform piece of legislation which would encompass at a minimum the following elements *to protect the patient's health and safety and preserve and elevate the dental laboratory profession:*

1. Require laboratory registration with the appropriate state agency
2. Require laboratories to employ at least one CDT, with a grace period of compliance

3. Require material disclosure of the content of laboratory work provided for the dentist
4. Require disclosure of the point of manufacture of the laboratory work provided to the dentist

Timetable: The Council on Dental Practice should consider this as a policy at their May 2007 meeting with the objective of having the fall 2007 ADA House of Delegates consider passing it.

Responsible Party: NADL liaison with the ADA obtains the Board of Directors vote of support from member organizations of the Prosthodontic Forum.

[See Excel Attachment Entitled Certification Group #2 Timetable and Action Plan for 2007](#)

GROUP #3 Offshore Dental Laboratories, Grey Market, Etc.

Attendees: Doug Stegman, Rella Christensen, Linda Niessen, Nels Ewoldsen, Bill Mrazek,

Position Statement:

The last 12 – 24 months have witnessed a profound shift in the attitudes and acceptance of laboratory work produced offshore. The prevailing sentiment no longer seems to be one of exclusion and barriers to entry, but more one of disclosure, patient education and a “level” playing field for all stakeholders.

Objective: To educate the dental and laboratory professions about offshore production of oral prostheses

Action Items:

1. Emphasize disclosure (NADL, ADA NADL, ADA, DLA (UK), AGD, ACP, Consumer magazines (Prevention, AARP, Men’s Health).
2. Mimic successful EU effort at disclosure and fund “Wahtsinyourmouth.com” style image for the domestic marketplace.
3. Disseminate information to the professions about globalization of dental laboratory activity as it relates to the U.S.
4. Provide information to the domestic dental community about possible disclosure modalities and foster implementation

Objective: Improve the relevance of the domestic laboratory industry

Action Items:

1. Create a cooperative committee (NADL, ADA, etc) to promote the value of the CDT certification and work with manufacturers and distributors to drive this message into the marketplace
2. Improve competitiveness of domestic labs with the offshore laboratories through industry awareness and education

3. Build meaningful relationships with dentist clients to enhance the value of using domestic labs
4. DISCLOSURE TO DENTIST AND PATIENT ABOUT OFFSHORE LABORATORY WORK, WHERE MADE, AND BY WHOM

Action Items:

1. ADA and NADL work together to enforce existing FDA regulations concerning location of fabrication and constituents of products
2. Information needs:
 - a. Made where Material control
 - b. Quality control (how, standards)
 - c. Cost
 - d. Infection control
 - e. Increase patient awareness and education about offshore laboratory work
3. Create relevance of producing branding and ethics in providing care (NADL)
4. Develop standardized constituent identification system for materials and supplies to allow classification and identification of constituents of laboratory work (i.e. IDENTALLOY)

Overall Action Plan And Ownership –

Have members of the Lab Summit (identified at conclusion of meeting) produce 2 -3 articles and/or Op-ed pieces for placement in relevant journals. These should discuss and review the recent EU actions and their applicability to the US market. This effort will be backed up by an industry effort (Dentsply, Schein, Burbank D/L) to populate the trade publications with a “CDT” branding campaign.

Timetable: 3-6 months

Responsible party for all action items: David Rodriguez

Additional Clarification of Action Items—This Report was Submitted after the Meeting:

- 1) Emphasize disclosure
 - A) Responsible Party: NADL - NADL's model bill of legislation provides for disclosure of the dental materials using the following language:

Upon final delivery of a restorative or cosmetic case to a patient, such as crowns, bridges, implants, veneers, orthodontic appliances, complete or partial dentures, or other prosthetic devices, the dental laboratory shall provide to the dentist a list of the materials used in the case, along with the chemical composition and any

contraindications of the materials, and shall disclose the name and address of the dental laboratory(s) at which the case was manufactured.

Timeline: Present

- B) Responsible Party: NADL will hold a formal meeting with the AARP public policy staff in Washington, D.C. on the issue of patient awareness as it relates to dental materials and point of origin disclosure

Timeline: Summer 2007

- 2) Mimic successful EU effort

Responsible Party: None applicable from NADL at this time

- 3) Disseminate information to the profession about globalization of dental laboratory activity

- A) Responsible Party: NADL meets with the ADA Council on Dental Practice on model bill and disclosure

Timeline: Meeting to occur May 3, 2007

- B) Responsible Party: ADA Council on Dental Practice will recommend to the ADA House of Delegates the adoption of the following resolution:

Notification of Prosthetic Cases sent to Foreign or Ancillary Domestic Labs for Custom Manufacture

Resolved, that that the ADA urges constituent societies to pursue legislation or voluntary agreements to require that a subcontracting dental laboratory notify the dentist in advance when prostheses, components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a foreign dental laboratory or any domestic ancillary dental laboratory.

Timeline: ADA House of Delegates, September 2007

- 4) Provide information to the domestic dental community

- A) Responsible Party: NADL will meet with the ADA and Prosthodontic Forum to address disclosure issues.

Timeline: ADA meeting, September 2007; Meeting with Prosthodontic Forum, October 2007

- B) Responsible Party: NADL will meet with leadership of 27 European Dental Laboratory Associations on global uniform disclosure requirements

Timeline: FEPPD Meeting, Brussels, Belgium, June 2007

Accomplished Tasks to Date of this Report

March 30th - NADL participated in a panel on the State of the Industry which included subject matter on offshore trade and certification, and dentist/dental lab relations at the Dental Laboratory Association of Texas meeting in Dallas

April 21st - NADL participated in a panel on FDA compliance and disclosure requirements at the Southeastern Conference of Dental Laboratories meeting in Atlanta

April 28th - NADL conducted a state of the industry presentation at the Mid West Spring Technical meeting hosted by 4 Mid West state dental laboratory associations in Indianapolis, IN

April - NADL was asked to participate in an interview article authored by Dr. Damon Adams, writer for Dentistry Today on the changing relationship between dentists and dental laboratories

May 3rd - NADL testified before the ADA Council on Dental Practice and presented the attached NADL submission document requesting a change to ADA policy. NADL has not been notified of the outcome as of yet. NADL has also been asked to testify at a summer meeting of the ADA State Government Affairs Committee meeting

May 4th - NADL conducted a state of the industry presentation at the Western States Conference of Dental Laboratories meeting in Reno, Nevada hosted by 11 state dental laboratory associations

May 11th - NADL conducted a state of the industry presentation at the Florida Dental Laboratory Association meeting in Orlando, Florida

May 11th - NADL met with David Rodriguez and Stan Maragos of Zahn Dental to determine a game plan of how Zahn and Henry Schein can help foster dissemination of disclosure and certification information to its dental customers

May 21st - NADL will be taping a "state of the industry" video segment with the National Lab Network and National Dental Network for dissemination to laboratories and dentists in the U.S.

GROUP #4 Dentist-Laboratory Interaction

Attendees: Nick Azzara, Joe Blaes, Jim Buchanan, Kerry Connelly, Burney Croll, Todd Fridrich, Gary Goldstein, Vern Hale, Pam Johnson, Lenny Kobren, David Lesh, Stan Maragos, Bruce Marcucci, Michael Melkers, Martin Mendelson, , David Smith

This group decided to develop a campaign to increase the perceived value of the dentist/technician relationship within the ADA, dental schools, the dental technology community, and other professional organizations by:

Action Items: Development of a good practice guide, the components of which are to be:

1. Identification of the key elements that need to be incorporated on a work authorization form
2. Confirmation by the lab of proper information to start the case
3. Scheduled In-person and telephone communication
4. Two-way feedback reports for the dentist and the lab
5. Optional monthly progress reports
6. Reciprocal invitations to attend professional events

7. Partnership is a relationship document highlighting professional, personal and profitability benefits of better dentist technician lab relations.

Timetable: ASAP

Responsible parties:

1. Dave and Len assemble information and engage labs
2. Stan to do layout and creative material

Action Items: Visibility.

1. Create a visible relationship between dental students, dental educators, dentists, dental technicians, and patients. ASAP by Nick from Captek
2. Create an icon and tag line that represents unity. Something that visually represents the embodiment of the cause. ASAP by Martin and Vern from Vident
3. Create a website for dentists, labs, and patients containing relevant information about our project. ASAP by Dave
4. Create a PowerPoint presentation showing the impact the laboratory technician can have on each aspect of making a prosthesis. ASAP by Martin
5. Create patient education material. ASAP by Gary Goldstein
6. Develop articles or links to the Prosthodontic Forum and other websites. ASAP by Gary Goldstein
7. Send letters to other organizations to bring their members to the website. ASAP by Bruce
8. Develop professional resources such as PowerPoint templates and canned text for writers. ASAP by Todd and Joe
9. Write letters to journals requesting them to give photo credit to those doing laboratory work. ASAP by Burney
10. Develop articles for journals about the good practice guide, the Working Relationship Survey (August), dentist relationships with technicians highlighting best practice and lab relationships, the opinions and observations of dentists and laboratory technicians who have worked in labs (Martin, Ditolla, United Dental Laboratory, Damon Adams), and the value of a good relationship between the dentist and the laboratory technician, and the success of a good practice guide.

Responsible Party and Timeline ASAP by Pam and Joe

[See Attached Adobe File Entitled Dentist-Laboratory Relationships For Task Timeline](#)

**Prosthodontic Forum
ACP Annual Session,
Miami, Florida
November 1, 2006**

I. Call to order. 12:34 p.m.

II. Roll Call and Introduction

Prosthodontic Forum, Chair Prosthodontic Forum, Secretary H.O.D. Representatives	Dr. Gary Goldstein Dr. Lily T. Garcia Dr. Kenneth M. Schweitzer Dr. Mike Winer
American Dental Association	Dr. Laura Newmann
Academy of Osseointegration	Dr. Edward Amet
Academy of Prosthodontics	Dr. Jonathan Wiens Dr. Charles Goodacre
American Academy of Esthetic Dentistry	Dr. Vincent Celenza
American Academy of Fixed Prosthodontics	Dr. Jane Brewer
American Academy of Maxillofacial Prosthetics	Dr. Jeffrey Rubenstein
American Equilibration Society	Dr. Keith Kinderknecht Dr. Mike Winer
American Prosthodontic Society	Dr. Harold Prieskel
Greater New York Academy of Prosthodontics	Dr. Cosmo DeSteno Dr. Frank Tuminelli
International Academy of Gnathology	Dr. Robert Cronin Dr. David Cagna
National Association of Dental Laboratories	Ms. Elizabeth Curran, CDT Ms. Ricki Braswell
Northeastern Gnathological Society	Dr. Leonard Kobren
Pacific Coast Society for Prosthodontics	---
American College of Prosthodontists	Dr. Bruce Valauri Dr. Stephen Campbell Dr. David Pfeifer Ms. Deal Chandler
Journal of Prosthodontics	Dr. David Felton
Guests	Dr. Arnold Rosen Mr. Joseph Milana, CDT

III. Appointment of a Parliamentarian: Dr. Goodacre

IV. Agenda

Motion: to approve the agenda.

Motion passed.

Approve minutes from October 27, 2004

Motion: to approve the minutes.

Motion passed.

V. Prosthodontic Forum Chair Report – Dr. Goldstein

A. Dr. Goldstein provided introductory remarks and reviewed his activities throughout the year which included the following:

- Two Laboratory Summits and will attend a third in February of 2007;
- An ADEA conference on the Specialties in December of 2006;

- As a speaker on "Big Challenges in Dentistry" at the NADL meeting in January 2007;
 - Represented the Forum on the Board of Directors of the American College of Prosthodontists.
 - In addition, he interfaced with Laura Newmann, Marsha Spiegel and Steven McDonald of the ADA on the CERP issue.
- B. Dr. Goldstein proposed that a common achievable action item for the Forum would be to have all of the organizations involved in promoting undergraduate students to seek continuing education in prosthodontics.
- C. He invited comments from the President of the American Prosthodontic Society, Dr. Harold Prieskel. Dr. Prieskel urged those present to encourage students into prosthodontic education. He thanked and acknowledged the accomplishments of two APS members who sought and received a federal grant. The \$150,000 grant was used to support student interest in higher education. The APS invited 50 predoctoral students who showed interest and promise in prosthodontics, one from each dental school selected by the Chair or Director of Prosthodontics, to attend the APS annual session where they were given a check for \$1,000. There were excellent responses from the dental students who attended the meeting in 2006. At this time, they do not anticipate additional funding for this year, but are hopeful that there may be support for 2008.
- D. Dr. Goldstein invited comments from the President of the Greater New York Academy of Prosthodontics, Dr. Cosmo DeSteno. The Greater New York Academy of Prosthodontics developed a prosthodontic mentoring program eight years ago. Over the years, many of the Northeast Dental Schools have selected students to be part of this Prosthodontic Mentoring Program. The schools participating in the Mentorship program include: UMDNJ, Harvard, Tufts, Stony Brook, Connecticut, NYU, Columbia, Buffalo and Boston University. Each school has developed its own student selection process but similarities exist in all. Generally, students have been identified by faculties who have observed students' talents and interests in prosthodontics.
- The number of students selected for participation in the mentorship program varies by school from two to 10 students. The students are invited to attend both the Spring and Fall scientific sessions as guests of the GNYAP. Some schools actually sponsor the students to the Fall meeting, and pay a travel allowance. Student participants also receive a certificate at graduation which recognizes their participation in the mentorship program.
- E. Dr. Goldstein reviewed other incentives and special programs that are on-going such as the APS' Dr. Kenneth D. Rudd Award to recognize outstanding contributions by a dental laboratory technician and the APS' fund in which a prize is presented for IADR-type reports and to fund 5 students through corporate support.
- F. In an effort to share ideas which impact on the discipline, Dr. Goldstein invited comments from any organizations that have programs for undergraduate students.
- G. Dr. Jane Brewer, President of the American Academy of Fixed Prosthodontics commented on the AAFP efforts in which they instituted a research award at the predoctoral level. The predoctoral research award is the "AAFP-AADR National Student Research Group Award in Fixed Prosthodontics" and 2007 is its first year. Dr. Carl Driscoll, Table Clinics Chair for the AAFP, was ultimately responsible for selecting the award recipient, who will attend the AAFP annual meeting this February to present his/her research during the Table Clinic session on Saturday Feb 24. The awardee will receive a

\$1000 cash award to offset the cost of expenses and travel, as well as a waiver of the meeting registration fee.

- H. Dr. Goldstein mentioned that there is a strong initiative at NYU under the direction of Dr. Farhad Vahidi, Director of the Advanced Education Program in Prosthodontics, in which postdoctoral students are paired with students in NYU's MDT program. A description of the program was distributed to all present. **Appendix C.**
- I. Ms. Curran noted that ADEA is working with NADL, as well as other allied professions, to look at future workforce models and the educational career ladders to support them. They are looking at from one year to Masters degree level education options.
- J. Dr. Goldstein queried the group on their acceptance or declination of support for the Prosthodontic Diagnostic Index. PDI vote: AO – not accepted, AAED – no response to date, AAFP – support the concept but not adopted, AAMP – in discussion, ACP – adopted, AES – tabled, APS – adopted, GNYAP – adopted, IAG – not discussed, NADL – adopted, NGS – adopted and PCSP – no response due to absence of representative.
- K. Dr. Goldstein queried the group on their acceptance Technician members: PCS=yes, AO=yes, AAED=yes, ACP – yes, AP=no, AAFP=no, AAMP=yes, AES=yes, APS=yes, GNYAP=no, IAG=no specific membership category but attend, NADL=yes, NGS=yes

VI. ACP President – Dr. Bruce Valauri

- A. The American College of Prosthodontists welcomes the opportunity to host this group. We appreciate that each organization may have a unique perspective on any particular issue facing the discipline and specialty of prosthodontics. We value and encourage differing views. Without dialogue and controversy we may not be able to feel that all avenues have been explored before we can move forward. This is a cautious, prudent and respectful process.

Ultimately, we hope to work to create positive unified resolutions and messages to share with all communities of interest. The College is confident that this constructive exchange of ideas will build a consensus.

With this perspective in mind, on behalf of the American College of Prosthodontists, I welcome you to the 2006 meeting of the Prosthodontic Forum Organizations.

VII. ACP House of Delegates – Dr. Ken Schweitzer and Dr. Myron Winer

- A. Dr. Schweitzer-reviewed actions by the HOD which included nomination of new officers for the ACP: Dr. Stephen Campbell – President, Dr. David Pfeifer – President-elect, Dr. Charles Goodacre – Vice-President, Dr. Lily T. Garcia – Secretary, Dr. Frank Tuminelli – Director, Membership Services Division, and Dr. Dale Cipra – Member on the Council for the American Board of Prosthodontics.
- B. Reference committees and associated topics:
 - An Academic Alliance Membership category was approved.
 - The evaluation of governance structure was an issue that originated in the HOD. Dr. Jonathan Wiens, Chair of the ACP Governance Task Force, and his committee have worked on this issue for over two years. The evaluation process included review of alternate forms of organizational governance to allow the ACP to act more nimbly and proactively. Various items were discussed including what is appropriate representation of membership to the BOD. The resolution to support the change in governance structure moved forward. The general timeline will

allow the new form of governance for the ACP to occur at the end of the 2007 Annual Session.

- The proposed result provides for creating seven new board positions for regional trustees which will increase participation in all monthly conference calls and attendance at the three board of directors' meetings that occur throughout the year.
- The ACP has grown significantly to 2872 members.
- There was an introduction to the new website.

VIII. Journal of Prosthodontics – Dr. Dave Felton

- A. The JP is flourishing; there was an increase from four to six issues per year in 2006, and an increase of 20 pages per issue beginning January 2007. There was an increase in the number of manuscripts submitted in 2006 that surpassed our previous record data from 2005 submissions. There is currently a ~50% rejection rate with a turn around time of ~20 months for accepted manuscripts.
- B. Dr. Felton has met with Blackwell publishing to discuss a proposal when they meet with the ACP BOD in February 2007 to address the increased publishing needs.
- C. All non-ACP Forum members can receive the Journal of Prosthodontics at a 35% discount of individual subscription prices. For additional information, please contact Ms. Alethea Gerding, Managing Editor, at alethea_gerding@dentistry.unc.edu or 919-966-3745.

IX. Reports from Forum Organization Delegates

- A. American Equilibration Society: Additional information submitted for review. Dr. Kinderknecht – The AES is involved in the development of clinical guidelines for the management of TM disorders.
- B. National Association of Dental Laboratories: National Board Certification for Dental Technicians (CDT) has allowed for reciprocity of credentials with Alberta, Canada (DT or RDT). They are working towards reciprocity for all countries having certification criteria equal to or higher than the CDT. They are completing credential endorsement to be able to recognize legitimate credentials from other countries such as South Africa, Australia, other Canadian provinces, European Union countries, Korea, and Japan who have stringent educational requirements and government sanctioned credentials.

X. Laboratory Communications Presentation – Dr. Rosen

- A. Dr. Rosen briefly reviewed his background which includes achieving an MBA, which has since changed his perspective. He noted keywords such as opportunity cost and value chain for those present to consider:
 - Opportunity cost – The value of benefits one does not realize from doing something right the first time.
 - Value chain – time to manufacture an object such as a prosthesis with multiple types of inputs from suppliers, communications, materials, and tech support. Outcomes and productivity are connected closely as it relates to the dental laboratory industry. Reviewed existing state of the lab industry: ~ 60 million transactions, >\$5 billion dollar industry; recall rate ~20%; error rate >6% which translates to \$360 million in remakes.
- B. Dr. Rosen introduced the "Application Service Provider" – an electronic laboratory management system and electronic means of communication between the dentist and the dental laboratory. It provides access by dentist to original data, considered open access/open standards; the ASP insures each laboratory can customize.

- C. Dr. Goldstein reported that the AEPP at NYU has been using the ASP for over 4 years and has had success in its use.

XI. Committee Reports

A. Technology Report – Dr. Kobren led discussion **Addendum A.**

- Gain full understanding of what NGS has accomplished with the focus on what we need to do to support the dental laboratory industry. Reviewed all aspects of the partnership developed in support of the needs listed by the Technical College. Mentor and support students to proceed through their training and expose them to higher levels of care and involvement in practices.
- Has now introduced this program to develop an initiative in over 40 technical colleges with the need for a national forum.
- The NADL currently lacks absolute support from organized dentistry when it endorses that a dental laboratory technician should be formally educated. In the 1980's, there were >50 dental laboratory technology schools. Over the years, there has been the need to drop one of the five dental laboratory disciplines in order to maintain ADA C.O.D.A. accreditation. The number of faculty, students, and number of disciplines affect what must be taught so the schools typically dropped teaching the orthodontic laboratory discipline.
- The CDT is a voluntary credential and anyone can take the exam, even without formal training since there are minimal entry requirements. The question of being "grandfathered" remains since there is on-the-job training that could lead to a career ladder for applied learning and to lead to achieving the CDT credential. The ACP Dental Laboratory Technician Alliance member category does allow technicians membership without formal education.
- Problems with the dental laboratory industry were identified at Dental Lab Summit, some of which are listed below:
 - Off-shore laboratories – concern with their level of education and knowledge background. This scenario creates a price-driven situation that could lead to inadequately trained stateside personnel which can handicap our domestic workforce.
 - Closing of formal education training - closing lab schools continues.
 - Knowledge-erosion nationally – current dental curricular trends show loss of dental lab technology in dental schools, lab procedures & lab evaluation diminished, and lack of fundamental prosthodontic training of dental students are compounding factors.
 - Manpower – half the number of GenX vs. Baby-boomers in the workforce.
- There needs to be collective help through the Prosthodontic Forum.
- Dr. Brewer announced that the AAFP has grants to help support a dental laboratory technician seek additional training.

ACTION ITEM: create a two-page summary of problems that exist in the lab industry, then report in one year with ideas and solutions of what can be done by either individual groups or by the Prosthodontic Forum. Members Assigned: Dr. Braswell, Dr. Kobren and Dr. Goldstein.

ACTION ITEM: Have the Forum draft a letter to CODA that all member organizations can endorse and send to the ADA.

B. CERP – Dr. Jeffrey Rubenstein reviewed the CERP report. **Addendum B.**

- Specialty organizations must meet educational standards to gain recognition by the ADA. The CERP process requires redundant information but does not hold all groups to the same standards as specialty organizations. There is a desire to decrease redundancies for each of the Prosthodontic Forum organizations.

- Currently in the U.S., groups are allowed to administer their own C.D.E. versus federal government intervention. It is acknowledged that all organizations are doing a good job but their individual "CERP report" member is disenchanted. The organizations who have an executive director handle this differently in comparison to small organizations who must appoint a member. The options to consider include either drop CERP or use the AGD who streamlines their CDE and accreditation process; some organizations have both types of accreditation. A limitation may be a state issue since some state dental boards require CERP, i.e. Ohio.
- Dr. Neuman acknowledged the CERP process is an arduous task but also stated that Dentists need information to insure quality continuing dental education. CERP is managed through CDEL which includes members from ADEA, American Association of Dental Examiners, ADA representatives, representatives from constituent dental societies, and representatives from specialty organizations. There remains the need and desire to maintain the highest standards. It was noted that CERP recognition does not certify content but states that content must be scientifically-based or at least evidenced-based; quality indicators are the same for both general dentists and specialists. The current CERP recognition was changed from a narrative form to a checklist and has been in use about 4 years in its current state. Previously recognized organizations can look forward to an expedited review and dental manufacturers can get CERP approval, provided that they can comply with requirements relating to commercialism in CE.
- Dr. Neuman stated that the electronic application process is receiving good feedback on this new process. She noted that Dr. Dehron Ohtani was on the committee previously, though unable to participate during the past two years, and his position was filled by Dr. Felton

XII. Old Business

A. Election of Prosthodontic Forum Representatives

- Elect two new Prosthodontic Forum representatives to the ACP House of Delegates. Nominees: Dr. Kenneth Schweitzer & Dr. Mike Winer

Motion: Motion to accept the nominees as the representatives to the ACP HOD.

Motion passed.

- ### B. Dr. Wiens reported that the GPT is available for electronic download access. With funding from Brasseler, the Academy of Prosthodontics reproduced 600 glossaries (GPT) on USB key drives which were sent to all prosthodontic residents. Dr. Wiens shared copies with members present.

XIII. New Business

None.

XIV. Adjournment: 2:50 p.m.

ADDENDUM A

"NGS Initiative"

Author: Dr. Burney Croll

Northeastern Gnathological Society Initiative Protocol Report to ACP Forum

Leonard Kobren, President, Northeastern Gnathological Society, lkobren@mac.com

Burney M. Croll, DDS, Chairman, Liaison Committee to Dental Technology, Northeastern Gnathological Society

drburney@aol.com

History of the NGS Initiative

It is a given that Prosthodontists collaborate with dental technicians to provide extraordinary comprehensive patient care. The prosthetics provided is limited by the skill and experience of the dental technician and the dentist. Members of the Northeastern Gnathological Society (NGS) recognized in 2003 that the New York City College of Technology (NYCCT), the only ADA-accredited College in the New York tri-state area offering an accredited dental technology program, was graduating students from the program with limited exposure to various aspects of some of the most current technology. A. comprehensive understanding of advanced technology is essential for technicians to be competitive in today's job market. The NGS took action beginning with a suggestion at an NGS board meeting to reach out and visit the program at NYCCT.

What has been accomplished?

At the direction of NGS board, Dr. Burney Croll visited the NYCCT dental technology program to meet with the Director of the Dental Technology Program, Nicholas Manos, CDT and the Dean of the School, Victor Ayala, PhD. The purpose of the visit was to acquaint the NGS with the state of the program and to demonstrate the NGS's interest in supporting the program's comprehensive training. The most important effect of the initial meeting was to create an effective dialogue with the faculty and administration of the program to facilitate further discussions and actions.

As reported in the ACP Messenger, NGS leaders in addition to Dr. Croll including Dr. Vincent Celenza and Dr. Leonard Kobren past and present presidents of the NGS, Richard Pavlak CDT, MDT and Peter Pizzi CDT, MDT met subsequently with the faculty at NYCCT to suggest enhancements to the curriculum that could provide students with the training required to secure the best level of employment in dental laboratories upon graduation (an obvious goal of the students who invested their time and money in the program).

As a result of these follow-up meetings the faculty and administration became confident that the educational objectives of the NGS were compatible with the existing curriculum and would enhance the education of the students within the framework of the ADA Accreditation Standards as a collaborative effort.

One of the earliest needs identified during the initial discussions with Dean Ayala and Program Director Manos was the establishment of externships for the dental technology students in real

work situations similar to those programs already in place for the dental hygiene students and radiology technology programs at NYCCT. Members of the NGS, both dentists and dental technologists, were asked to participate in a pilot program to develop an externship experience that would enhance the education of the dental technology students and identify what would be most effective and interesting. Through this developmental process, the College is able to offer 25 externships in dental offices, some with in-office technicians, and intermediate sized commercial dental laboratories that provide top level prosthodontic service to dentistry in our region.

This externship program in its third year has been expanded. In addition to volunteers from the NGS, other participants are members of the Greater New York Academy of Prosthodontics, another ACP Forum member organization. Many of the participating laboratory technicians are graduates of the dental technology program at NYCCT. Several are members of the ACP Alliance. Many though not all of the dentists and technicians involved have experience and dedication as dental educators. The externship program has been specifically designed so the students spend substantial time observing clinical prosthodontic treatment in dentist's operatories to increase their understanding of the dental technicians role in the process of providing exceptional comprehensive dental care.

Additionally, NGS dental and technical members made several visits to the school to discover what modular programs and equipment would be needed to provide state of the art training for the students graduating from the program with skill sets enabling them to enter the job market at a sophisticated level. In conjunction with manufactures including NobelBiocare, American Thermocraft, Hereaus Kulzer, the Kerr Corporation and the ACP Foundation modular programs in CAD/CAM technology, pressed ceramics and efficient artistic waxing programs were instituted at the College and have been expanded in the beginning the fall semester in 2005.

The college welcomed dental technicians in the region including Peter Pizzi, CDT and Richard Pavlak, CDT to develop and present waxing and ceramic skill sets to augment the existing programs at the College. Presentations supporting the use of adjustable articulators and facebows were presented by members of the NGS. The gratifying result of these presentations has been enthusiastic response from the students and participating guest instructors.

Where are we headed?

The New York City College of Technology has recognized the contributions of members of the dental and dental technology community represented by the NGS. We have been invited to participate actively in the advisory process that is mandated by the Accreditation Standards for Dental Laboratory Technology Education Programs. We intend to follow the students that have participated in this program and track their career paths as part of an outcome assessment evaluation. Additionally, the NGS is making every effort to provide career opportunities for NYCCT graduates with NGS affiliated offices and laboratories as well as the dental community at large.

National Proposal

The continuing crisis facing dental technology in the United States impacts every member of the prosthodontic community. Last February the members of the ACP Forum participated in a program called the Lab Summit on Dental Technology. The two day meeting identified the scope of many specific aspects of this deepening problem including the 60% reduction in accredited educational programs training new entrants in the national dental technology industry. The decreased number of comprehensively trained technicians may be the greatest threat to the ability of our specialty to continue to provide the level of care commensurate with prosthodontic training. The loss of technicians having the appropriate technical skill sets and educational discipline to think through the restorative process at a sophisticated level will compromise not only our clinical abilities but will fundamentally undermine the ability to train future generations of dentists and technologists.

The NGS proposes that members of organizations that are part of the ACP Forum identify the existing accreted programs. The members of the ACP Forum can reach out and adopt one or more technical college programs in their geographical area creating educational partnerships. The support of existing programs an important first step and most efficient way to achieve our common objectives.

NGS members who have established a successful pathway to enhance and support the education of students at the NYCCT are available for guidance and consultation. We found that the single most important aspect in gaining the confidence of the Dean, Director and Faculty of the Technical College was to be good listeners. We hesitated initially, from making any suggestions regarding curriculum changes or teaching methodologies. Our policy was to "think big" but act carefully and slowly. As the academic community experienced our sincerity and commitment they became increasingly willing to accept recommendations for enhancing the educational experience for the technical students.

NGS Initiative Protocol:

1. Create an Initiative:
 - Initiate contacts with technical school department directors and later the Dean of the Technical Colleges.
 - Visit programs while they are in session to show interest and make friends.
 - Listen to the needs of the program as expressed by the Dean and the department chairman, and ultimately the students.
 - Invite student body and faculty to educational sessions provided by local and regional organizations ideally as guests, underwriting the tuition costs, dinners or luncheons as a good will gesture.
 - Create externships for students that include office visitations and commercial laboratory visits on a local basis.
 - Train and provide instructions to the participating dentists and laboratory owners to create appropriate outcomes from the externship experience.
 - Get a sense of what the students know and what you would like them to know.
 - Retrieve assessments of students and faculty.
 - Initiate enrichment programs and fund equipment acquisitions.
 - Participate in Advisory Commission Meetings suggested by Accreditation Standards for Dental Laboratory Technology Education Programs.
2. Collect and evaluate follow-up statements from college deans, presidents and department chairmen, corporate sponsors and particularly students to document the effectiveness of the participation of dental groups in the education process.
3. Create press releases locally to publicize the effectiveness of the partnership maintaining jobs in the local market.
4. Report your progress to the ACP Forum.

ADDENDUM B**THE CERP DILEMMA**

Continuing education in dentistry (CE) has traditionally been provided by societies, organizations, individuals, and commercial enterprises. Although the American Dental Association (ADA) has been the governing body for dentistry, other organizations have established criteria for determination of specific "credit" for CE taken by individuals. For example, the Academy of General Dentistry (AGD) created criteria for acceptable credits and established criteria for "Fellowship" and "Master" status within the organization. ADA eventually established its own criteria certification of CE, titled CERP. Private individuals, dental education corporations, dental schools, specialty dental organizations, and discipline-based dental organizations may seek accreditation with CERP or AGD.

Increasingly, states are mandating CE for dental license renewal. CERP credited hours are accepted by all states within the United States. Although, at this time, few states refuse to accept CE that does not have CERP approval, it is likely that future regulation could alter this situation mandating that a regulatory body be used to ensure that the continuing educational programs fulfill educational requirements. Clearly, if this were to occur, CERP hours would be accepted but it is not clear if other CE credentialing bodies, such as the AGD, would likewise be universally accepted. In addition, it is unclear if ADA CERP credits and AGD credits would be reciprocally accepted specifically as these credits might be used status/recognition with the organization (Fellowship or Master in AGD). It is likely however that states that mandate a CE certifying body will accept AGD credits in addition to CERP credits. Given that some states have mandated specialty licensure, this also adds to the confusion of what mandates certified CE as appropriate CE for a specialist may be entirely different than CE for a generalist. The reason for this is that specialists are trained to a level of proficiency in clinical skills and those skills must be maintained. General CE, even CERP approved, may not address these specific needs for ongoing proficiency in specialty skills.

AGD is not an official sponsoring body for General Dentistry; instead it is an organization that was formed to address the needs of the general dentist. In this regard it differs from the specialty organizations (e.g. American College of Prosthodontists (ACP), American Academy of Oral and Maxillofacial Surgeons (AAOMS), American Academy of Periodontology (AAP), etc.) in that these organizations are the official organizations that represent the specialties.

Official organizations representing specialties are tasked with the responsibility of establishing educational standards for that specialty and establishing methods for the selection of specialty board examiners. Specialty organizations work with the ADA and the Commission on Dental Accreditation (CDA) to ensure that appropriate standards are documented. These standards are basis for educational programs hosted by the specialty organizations. Given this situation, should the specialty organizations also be tasked with structuring the CE appropriate for their respective specialists and not have CE requirements be regulated by an organization that is more appropriately configured to govern the CE practitioners who are not specialists?

CERP must ensure that CE meets standards for the profession of dentistry. Since individuals or groups may obtain CERP approval for CE offerings, the documentation required by CERP is often lengthy as there may be no other official bodies responsible for appropriateness of the CE offerings. With specialty organizations however there are other bodies involved that could more appropriately perform a role of approving CE. Those organizations would have identified educational needs based upon the specialty standards that form the basis of the specialty. CE for the specialist would therefore be directed towards those standards.

This document will evaluate the strengths, weaknesses, opportunities and threats (SWOT) associated with CERP approval and will make recommendations based upon this analysis.

CERP SWOT ANALYSIS

Strengths	Weaknesses
<ul style="list-style-type: none"> • CERP is an official activity of the ADA best suited to regulate the CE needs of general dentists • Universal acceptance is virtually guaranteed throughout the United States • System attempts to ensure that CE is meaningful information to attendees 	<ul style="list-style-type: none"> • Documentation for CERP is the same regardless of the party involved (well established organizations, some that may have been in existence almost 100 years, are subjected to the same documentation and analysis as CE offerings from an individual giving a CE program for the first time) • Continued documentation of educational activity is a lengthy process that demands many man hours to complete • Personnel in the CERP office are not responsive to requests for information during CERP application process • CERP is not mandated by most states to receive CE credit • CERP approval does not ensure relevance, relative to specialty practice CE • CERP documentation has been an ever evolving process that demands more and more time commitment with each re-certification • CERP is not specialty specific • CERP is costly in terms of time and financial expense • CERP certification does not ensure the program's quality • Program outcomes assessment has not been measured against any standard. • CERP does not ensure that the ongoing skills of specialists are maintained as CERP standards are not common to specialty standards
Opportunities	Threats
<ul style="list-style-type: none"> • Explore alternatives to CERP certification • Creation of discipline-based and specialty based CE (such as the certification of a parent specialty organization that then sanctions meetings of other affiliated/discipline based organizations e.g. the ACP could maintain CERP approval for its activities and for the CE provided by Prosthodontic Forum members) • Specialty organizations could proceed with CE offerings without CERP certification, depending instead on the strength, reputation, and educational standards of the specialty to ensure state licensure acceptance of the CE hours • Affiliated/discipline based organization certification would simplify the re-certification process as long as the affiliated/discipline based organizations continue to offer CE that encompasses the mission and educational standards of the parent specialty organization. 	<ul style="list-style-type: none"> • ADA could lobby individual states to accept nothing but CERP approved CE • It is unclear what impact CERP mandates would have on specialty organization meeting attendance (discipline based CE could be adversely affected if only CERP credits were recognized) • State that require specialty licensure for individuals limiting their practices' focus might be negatively impacted by mandated CERP certified CE if their respective specialty organizations are not under the CERP umbrella.

Comments

- Certification through CERP is clearly an onerous task requiring many hours and much expense.
- The changing nature of CERP documentation prevents any organization or individual from establishing an ongoing, continuous method to ensure compliance. Since methods of documentation of compliance and methods of outcome assessments are subject to change without notice, CERP providers are subject to the mercurial nature of the CERP program.
- Although organizations see the folly of maintaining CERP certification, it is unlikely that any organizational officer would be willing to withdraw from the process and risk loss of universally accepted CE credits.
- Current documentation methods ensure compliance with guidelines established by CERP but does not ensure delivery of honest, unbiased, truthful information on the part of a CE provider.
- Current CERP documentation methods do not mandate or ensure maintenance of clinical and didactic proficiency using best practice or evidence-based educational standards.

Suggestions

- Specialty organizations should manage specialty and discipline-based education to ensure continuing competency/proficiency in the skills that define a specialty
- CERP certification of specialty organizations should be granted to a parent organization, such as the ACP, AAP, AAOMS, etc., who will then accredit affiliated, associated or otherwise discipline based-organizations as long as that training meets the standards and evolving educational needs of the specialty organization.
- Maintenance of didactic and clinical skills commensurate with Educational Standards for a specific specialty **must** be the primary educational objective for CE especially as it relates to specialty skills.
- Documentation of affiliated/discipline based organization compliance with such standards will be provided by a short narrative that addresses topics such as the mission of the affiliated/discipline based organization, meeting theme, attendance requirements and topic selection.

Conclusions

Specialty organizations, in response to Commission on Dental Accreditation Guidelines, define the level of knowledge and level of skill necessary to train specialists. No other organization has a better understanding of the educational needs of the specialist than do these organizations. When considering continuing education the parent specialty organizations must have authority over the CE provided in specialty or discipline based CE programs that are designed for individuals practicing in that specialty.

ADDENDUM C:**NEW YORK UNIVERSITY***A private university in the public service***COLLEGE OF DENTISTRY**

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October 30, 2006

To: Dr. Gary Goldstein, Chair, Prosthodontics Forum

The Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics at New York University College of Dentistry has just launched a pilot program to increase the cooperation between prosthodontics residents and dental technicians who are attending the MDT course at NYU.

Presently, New York University College of Dentistry is offering a program for dental technicians called ASMDT (American Society of Master Dental Technicians). The participants in this program are Certified Dental Technicians who attend two days a week for an academic year to become an MDT and to take the NGS Technical Fellowship Exam.

We have coupled a prosthodontic resident with a dental technician in this program to work on a full-mouth rehabilitation case together.

The residents will perform the diagnostic procedures and all the clinical aspects of the case with their faculty in the presence of their assigned dental technicians in the clinic. The technical fellows will then perform the laboratory procedures under the guidance of their instructors who are very capable dental technicians and will communicate with their residents about the case. The dental technicians will be at chair side to see all the phases of clinical trials up to the completion of treatment. Both groups will document all phases of treatment for case presentation.

We believe, if this model is successful, it will enable the residents to see the laboratory phases and the efforts of dental technicians in fabricating the restorations. It will have extensive educational value for them. Also, it will be very valuable for dental technicians to see all the clinical phases and the results of their work in the mouth.

This model should be very helpful in the education of both groups and will create better communication and understanding between the two groups.

Respectfully submitted,

Farhad Vahidi, DMD, MSD
Director, Advanced Education Program in Prosthodontics