

October 31 — November 3, 2001—Hyatt Regency in New Orleans, Louisiana

Celebrating Current Success and Accepting Future Challenges

One of the most valuable benefits of your ACP membership is the opportunity to network with other prosthodontists facing similar situations. The ACP offers numerous opportunities for both formal and informal discussions at both large and small meetings to discuss current issues, identify best practices and lay the foundation for developing solutions for advancing the specialty of prosthodontics.

The ACP premiere networking event—the ACP Annual Session—offers members the opportunity to expand their professional knowledge and expertise in clinical prosthodontics and office management, as well as providing a full lineup of exciting social events.

Scheduled for October 31 – November 3, 2001 at the New Orleans Hyatt Regency in New Orleans, Louisiana, this year's session is designed to focus on the key issues facing contemporary prosthodontic practices.

Continued on page 7



New Orleans is best known for its' gentle and relaxed pace of life, and unsurpassed architecture and ambiance. Laissez les bons temps rouler! (Let the Good Times Roll)



Dr. William Blaine Butler

William Blaine Butler, DDS, MS, FACP was appointed Dean of the Meharry Medical College School of Dentistry in August 2000.

Dr. Butler received his DDS degree from Meharry Medical College, School of Dentistry in 1973. He earned the MS degree in a joint program in Fixed Prosthodontics and Electrophysiology at the University of Michigan, School of Dentistry in 1977 as a MARC Faculty Fellow sponsored by the National Institute of Health. He joined the faculty at the University of Michigan for the 1977-1978 school year and returned to Meharry Medical College in 1978.

Dr. Butler is a Diplomate of the American Board of Prosthodontics, Fellow of the American College of Prosthodontists and holds memberships in the American Academy of Fixed Prosthodontics, the National Dental Association, the American Dental Education Association, and the American Dental Association. He has presented numerous continuing education courses at the local, state, national and international level. He has taught Fixed Prosthodontics at Meharry Medical College, School of Dentistry since 1978 and has served as Chairperson of the Department of Prosthodontics since 1984. Also, he served as Associate Dean of Academic and Student Affairs at Meharry Medical College, School of Dentistry from 1999-2000.

PRESIDENT'S MESSAGE

Spring is the time of year that brings forth the rebirth of activity after the dormancy of fall and winter. However with the ACP there has been no slackening of the pace since Hawaii. The innovative projects envisioned last fall have been accomplished. The results of these projects will help establish our future growth as an organization and as a specialty.

It has been said that truly successful and productive people have much longer time horizons than less successful people. The homeless person, for instance, must worry about the next 24 hours to survive whereas the hourly worker must worry about the weekly paycheck and the salaried worker might have a month long time horizon. The longer the time horizon, the more likely you will be successful. Major corporations usually have time horizons as much as 5 to 10 years forward if they are successful. In contrast, the ACP has had the tradition of focusing on the next year, the term of the president. While we do have a strategic plan, it is accomplished and measured on a yearly basis. What is the future of prosthodontics? How will technology further change the procedures we must use to treat our patients? Are we even current with technology today? How is the rest of the dental profession adapting to the future?

The specialty of Prosthodontics must take a longer view into the future if we are to survive and prosper. The ACP has two current initiatives, ACPEF fundraising and development of a future planning document - Shaping the Future. These forward-looking projects will help guide the ACP into the next decades. In addition, the House of Delegates has passed a new definition for the specialty that begins the process of defining the specialty of Prosthodontics by diagnosis and knowledge rather than just technical expertise. This re-examination of our role in dental health delivery has highlighted two critical areas: elective esthetic dental services and surgical placement of implants in the treatment of complete and partial edentulism.

The vast majority of elective esthetic procedures are prosthodontically based therapies. Most involve laboratory support for fabrication and knowledge of occlusion for clinical success. The specialty of prosthodontics has been responsible for many if not most of the advances in esthetic procedures and yet we have not received the professional or public recognition of our contributions. The future demands that we become more involved (aggressive) in achieving the recognition of our achievements. For many prosthodontists, it will be uncomfortable at first to be more visible and outspoken and to see the specialty alter its path into the future. Change is never easy or comfortable if it is effective.

By tradition, prosthodontists have not needed to be involved in surgical procedures to provide most tooth restoration and replacement therapies. However, the technological advances of implant prosthodontics have forever altered the protocol of the treatment of complete and partial edentulism. The ability to place implants in the most compromised sites and patients continues to expand, as does the ease in which dental implants can be placed in ideal locations. In addition, immediate loading protocols for implants are



*Dr. Thomas J. McGarry
ACP President*

being proposed as the future. In the next 10 years and beyond, will not most missing teeth be replaced with implant assistance? With immediate loading protocols being adopted, is not the prosthodontist the ideal professional to provide this care? Are dental implants not a prosthodontic procedure with a surgical component? Does not the treatment of complete and partial edentulism involve all the components of the therapy?

Technology is changing the way we replace missing teeth and as the experts in the diagnosis and treatment of all forms of edentulism, prosthodontists must expand their knowledge and skill to continue as the experts in edentulism. Change is difficult and threatening but it is imperative that prosthodontists prepare for the future. I have directed the committees of the Education Division to begin the process of reviewing our graduate education standards to mesh with the new specialty definition and to position the specialty for the new technologies of the future. I have also asked the Education Division to start to develop a standard curriculum in implant dentistry for undergraduate dental education. We must be the leaders in implant education since 99% of all implants are used for prosthodontic therapies. The ACP will conduct a comprehensive survey of implant therapies among prosthodontists so we will have the factual data on which to plan our future. Compliance with the survey is critical for every member.

Implants are about tooth replacement and there already is a specialty for tooth replacement - PROSTHODONTICS! Let us embrace the future and the challenges inherent in change rather than cling to the comfort and false security of tradition.

Which of the following statements regarding implant dentistry are included in the standards for prosthodontic specialty training:

1. Know the historical development of dental implants.
2. Understand the biological basis for dental implants and the principles of implant biomaterials and bioengineering.
3. List the indications and contraindications for dental implants of various designs and characteristics.
4. Recognize the prosthetic requirements of dental implants.
5. Perform a presurgical examination and complete treatment planning for the use of dental implants.
6. Complete the surgical placement of dental implants.
7. Evaluate the peri-implant tissues and manage the implant complications.
8. Maintain dental implants.
9. Recognize the appropriate sterile or aseptic technique for the placement of dental implants.

ANSWER ON PAGE 6

EXECUTIVE DIRECTOR'S MESSAGE



Mr. Edward J. Cronin

In January 2001, 18 leaders of the specialty of prosthodontics met in Denver, CO to discuss and develop a shared vision for the future of the specialty. Although all the participants were members of the ACP, over half were invited because of their leadership roles in other prosthodontic organizations or dentistry in general.

The retreat was professionally facilitated and the group was able to develop a consensus on the driving forces and critical uncertainties facing the specialty over the next five to ten years. From these discussions, the group identified four Critical Success Factors to be addressed. (See page 9 for a summary of the meeting, or view the complete report, *Shaping the Future: Strategic Thinking & Planning Retreat*, in the Members Only Section of the ACP web site at www.prosthodontics.org).

As a primary tool for communicating with our various stakeholders, the ACP web site needs to be substantially upgraded to address these critical areas. Our intent is to create a world-class site that promotes prosthodontics, provides patients with relevant information, encourages dental students to enter the specialty and gives general dentists a learning experience that includes the benefits of working with a prosthodontist.

To accomplish these objectives we anticipate creating three new sections on the site:

- A Consumer-Oriented Section which would include information from our patient education brochures, FAQ's, before and after photographs and the "Find a Prosthodontist" database.
- A Students-Oriented Section which would include information on the possible career paths in prosthodontics, testimonials from successful prosthodontists, salary surveys, and much more. It would also list and link all Graduate Programs, which would include information on the application process, scholarships, etc.
- A web-based, Continuing Education Section for general practitioners. Members would write brief papers with questions that would provide limited CE credits. This section would emphasize the ACP message on the benefits of working closely with and referring to prosthodontists.

It is also important to the ACP membership that we improve upon the general and administrative functions of the web site. Some possible features include:

- A State Sections Operations area to provide a Sections and Treasurers manual, template bylaws, reporting forms, etc.
- Expanding our survey capability to accept more questions and provide statistical analysis.
- Creating a Job Opportunities section.
- Creating a Suppliers Directory to link to all vendors. This could be a revenue source.
- Developing a Listserve.
- Banner advertising.
- Streaming video to allow a President's Message, testimonials in the Student Section, etc.

Obviously, this will be a major undertaking and will need to be done in stages pending availability of funds. We have received funding commitments from Procter & Gamble and 3M-ESPE to begin the project.

The new ACP web site will be the focus of an aggressive campaign to expand public awareness and demonstrate the value of prosthodontists to the patient, potential students and general dentistry.

As always, we are pleased to hear your comments, suggestions and ideas and thank you for your support.

EDITOR'S MESSAGE

DAVID A. FELTON

The ACP is alive and well!!! Since the last edition of *The ACP Messenger*, several important events have occurred. First, in January, a Strategic Planning Conference was held in Denver, CO, and was hosted by Dean Howard Landesman. Representatives from the ACP and other prosthodontic organizations met for an important weekend of planning for the future of the specialty. For executive summary of the conference, see page 9.

Second, on February 1-3, the University of North Carolina Departments of Prosthodontics and Periodontics hosted the first implant surgical training continuing education course for members of the ACP Board of Directors, and several Prosthodontics Graduate Program Directors. A total of 12 ACP members received three days of didactic, hands-on laboratory and live patient surgical training in the placement of two implant systems. A total of 12 patients received either ASTRA Tech or Straumann implants to replace single or multiple missing teeth, and as overdenture abutments. This course was underwritten by generous matching grants from Straumann USA and ASTRA Tech Inc. All in attendance were impressed by the high level of excellence at which this continuing education course was presented. (See photo below.) This course is, hopefully, the first of many that will afford our members the ability to learn surgical implant placement in a controlled, university-setting that allows implant surgery on live patients. For those who are interested in learning implant surgical techniques in this type of environment, just stay tuned!

Third, on February 9-10, several members of the ACP were involved in the Interdisciplinary Care Conference, co-sponsored by the ACP along with the Academy of General Dentistry, the Academy of Pediatric Dentistry, the American Academy of Periodontology and the American Association of Orthodontists. The format for the presentations primarily focused on the team approach, where several members of each organization collectively demonstrated

how they used the interdisciplinary approach for diagnosis and treatment planning, and treatment, of a multitude of complicated patients. Dr. Jonathan Ferencz, ACP Vice President, gave an excellent presentation of the role of the prosthodontist in the diagnosis and treatment planning of the complex patient. The conference was well attended, and gave the ACP some much needed exposure to our colleagues in other specialties, along with the AGD. There are tentative plans to hold a subsequent Interdisciplinary Care Conference in the future.

Fourth, the Subcommittee on Graduate Resident Recruitment has received funding to allow the subcommittee to meet with a facilitator to address many of the issues raised concerning graduate resident recruitment in the last issue of *The Messenger*. The next meeting will be held in May in Santa Fe, NM, in conjunction with the Academy of Prosthodontics Annual Session. The subcommittee is charged with developing a long-range plan to implement changes in our ability to recruit the "best and brightest" into our graduate programs.

Fifth, plans are continuing for the ACP Annual Session, to be held October 31-November 3 in New Orleans, LA. Scientific Program Chair Dr. Lyndon Cooper has put together an exceptional scientific program, and New Orleans promises a wonderful venue for our annual session. Plan on joining us, and see what Halloween in New Orleans is really about!

And finally, the Officers and Board of Directors continue to work long hours to improve the College for its members. We're committed to moving the ACP forward, to improving membership and member relations, and to working tirelessly for you, our members. And, to coin a phrase, "we're looking for a few good men" (and women) to help us. If you're willing to participate in ACP activities, call the officers or the Central Office staff and volunteer your time and creativity to the ACP! We're alive and well, and we're going places!



Dr. Howard Jeon, University of Illinois, Chicago, places maxillary implants as Dr. Amin Rahman, UNC Department of Periodontics, assists. Also observing are (L to R): Mr. Bob McCormak, Straumann; ACP Board of Directors members Drs. Jim Farer, Tom McGarry, ACP President, Ken Hilsen and David Pfeifer.

ACP 2001 Membership Directory Published

The ACP 2001 Membership Directory has been published and mailed to all members. Designed to maximize your networking opportunities and increase member-to-member referrals, this compact and easy-to-use listing of dental specialists in the restoration and replacement of teeth makes a valuable addition to any prosthodontist's office. Updated and published annually, the comprehensive directory contains listings for nearly 2,700 prosthodontists throughout the world. The directory includes an alphabetical listing with names, addresses, telephone and fax numbers, e-mail and web site address, primary activity and interests for each member, as well as a geographical listing of members to provide a fast and convenient method for locating and communicating with colleagues.

Use the member update form, located in the back of the current directory, to communicate any and all changes to your current listing, or contact the ACP central office at (312) 573-1260, so that we can ensure we are providing the most complete and up-to-date information to our membership.

Additional directories can be purchased by members only through the central office for \$25.00 at (312) 573-1260.

ACP Web Update

ACP Creates Online Community For State Sections

One of the most valuable benefits of membership in the American College of Prosthodontists (ACP) is the opportunity to network with other prosthodontists facing similar situations. Through formal and informal discussions at both large and small meetings, ACP members have the opportunity to discuss current issues, identify best practices and lay the foundation for developing solutions for advancing the specialty of prosthodontics. In addition to the College's premier networking event – the ACP Annual Session – the ACP offers members the opportunity to extend their professional networks at the local level by joining an ACP State Section.

The ACP State Sections are designed to foster an interest in the specialty of prosthodontics. Each section provides its' members with an opportunity for dialogue, education, advancement and improvement of all aspects of prosthodontics through meetings, seminars, communications, publications and other programs and activities.

The ACP has created a new feature to the ACP web site at www.prosthodontics.org in an effort to provide more timely and cost effective communications and improved relations between the State Sections. The new area designated to the State Sections allows the sections to communicate all pertinent information (current officer listings, meeting dates and locations and membership benefits) to current and potential members.

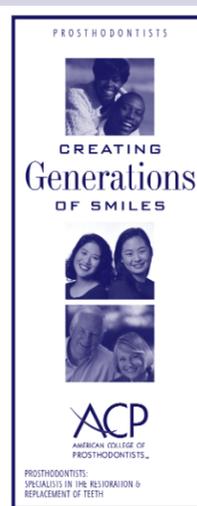
The maintenance of this section is the sole responsibility of the State Sections. Each Section's President and Secretary have been assigned the role of web site administrator, and have been mailed a Web Site Maintenance Guidelines & Instruction sheet to assist them with making the necessary updates to the Section information.

If you are a State Section President or Secretary, and have not received instructions for updating your section's web page, or if you want to know how you can get your States Section information online, please contact Lisa Opoka, Communications Manager at (312) 573-1260, x16 or lopoka@prosthodontics.org.

New Design for Creating Generations of Smiles Brochure

The first in the ACP *Creating Generations of Smiles* patient education brochure series is now available in both the 6" booklet and 3"x8" tri-fold brochure styles. Designed to introduce patients and prospective patients, as well as other dentists to your practice, the brief, four-color brochure explains which services would benefit from a consultation with a prosthodontist, and the treatment options you can provide to improve the patient's smile and oral health. The brochure provides answers to your patient questions regarding common dental problems and/or concerns, treatment procedures and the prosthodontist's role in performing such procedures.

The *Creating Generations of Smiles* patient education brochures are a



valuable resource to have in any prosthodontic practice. Use as a referral tool to mail to general dentists or other specialists in your area, or as an informational pamphlet to hand out to prospective patients to explain the benefits and conditions for seeing a prosthodontist to provide viable solutions for protecting teeth, replacing lost teeth and improving smiles.

The member cost for the *Creating Generations of Smiles* brochures (sold in

packs of 100) is \$50.00; \$100.00 for non-member. To order any one of the *Creating Generations of Smiles* patient education brochures, contact ACP Central Office at (312) 573-1260, or order online at www.prosthodontics.org.

recommend

Fixodent®

BUILDING STRONG BONDS

Denture Wearer Orientation Kit



- Denture Bath with 8 cleanser tablets
- Denture Brush

- Scope® 44ml. (1.5 fl.oz.) Sample
- Fixodent .25oz Adhesive Sample
- Patient Education Brochure



Now includes
Fixodent
Denture
Cleanser with
ProGuard

\$23.40 per dozen = **\$1.95** per kit
(an \$8.00 Value)

To order visit our website at www.dentalcare.com or call 1-800-523-5325

OPDO1027

ACP Conducts Survey Among Private Practitioners

by David L. Pfeifer, DDS, FAC., MS, MEd; Nancy S. Arbree, DDS, FACP, MS; Alfred W. Fehling, BS, DDS, FACP

The Private Practice Committee of the American College of Prosthodontists (ACP) recently completed a survey of the membership to provide guidance to the Board of Directors and House of Delegates with decisions related to several important areas. General subject categories include political activities of the ACP, location and format of the annual session, ACP committee preference selection and other areas of interest that concern the specialty practitioner.

The response to the survey represented approximately 20 percent of the active membership, therefore, responses are not statistically representative of the College and should only be interpreted as individual responses within our organization. It is appropriate to note that since each member is a voice, the individual responses are important. We certainly appreciate the effort taken by those who participated. In addition, 33 of the respondents elected to offer additional comments addressing the various questions.

- 1) The ACP should allow the following groups into its' membership (multiple answer (MA)):
 - a) Certified dental technicians, as long as they have no voting rights and have a completely different status within the ACP from the members.
 - b) All dentists who desire membership regardless of training, given the same restrictions as in (1.a.) above.
 - c) Dental assistants, given the same restrictions as in (1.a.) above.
 - d) Dental hygienists, given the same restrictions as in (1.a.) above.
 - e) None of the above.

FIGURE 1

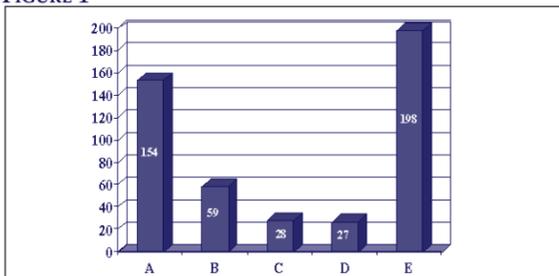
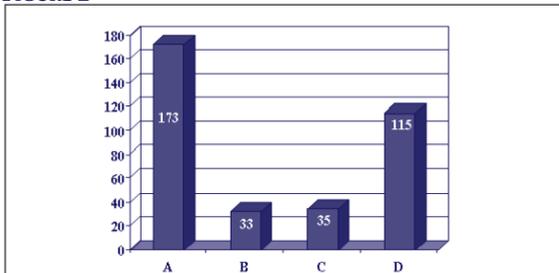


Figure 1: The question of membership inclusion has been and will continue to be a vital issue to the College when considering the current and projected membership base. Issues addressing potential membership problems were recently addressed in the Winter 2001 *ACP Messenger*¹. Also, there is a concern for the future of the dental laboratory technicians and their ability to survive without closer organizational representation to the ACP.

- 2) The Private Practice Seminar is now an integral part of the ACP Annual Session, traditionally offered in a one-day session format on the Wednesday immediately preceding the meeting. Would you recommend:
 - a) Leaving the one-day format as it currently exists.
 - b) Changing the format to two half-day sessions.
 - c) Reduce the format to one half-day session.
 - d) Integrate the format into the overall program with one or two-hour sessions dispersed throughout the annual session.

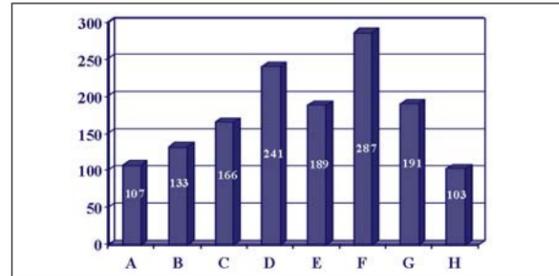
FIGURE 2



- 3) As a follow-up to question 2 above, and understanding that all presentations would be tailored toward the private prosthodontic practice, which topics would you be most interested in hearing about the Private Practice Seminar? (MA)
 - a. OSHA update or annual re-certification
 - b. Infection Control in the Prosthodontic Practice
 - c. Risk Management
 - d. Marketing
 - e. Legal issues in the workplace
 - f. Practice Management and/or Office

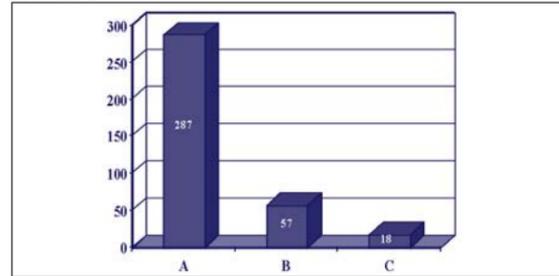
- g. Management of insurance claims (including utilization)
- h. Peer Review

FIGURE 3



- 4) The ACP annual session should:
 - a. Keep the existing format
 - b. Add an additional day (lengthen the meeting) in the scientific session
 - c. Have more social events

FIGURE 4



- 5) How can the site selection for the Annual Session be improved? (Max. 2 selections)
 - a. Select locations based on minimizing the cost of accommodations.
 - b. Select locations that are easy and cost effective to reach.
 - c. Select locations in resort areas rather than large cities.
 - d. Select locations with more activities/attractions that are available to attendees.
 - e. Select locations that are more "family oriented" to encourage members to bring their families.

FIGURE 5

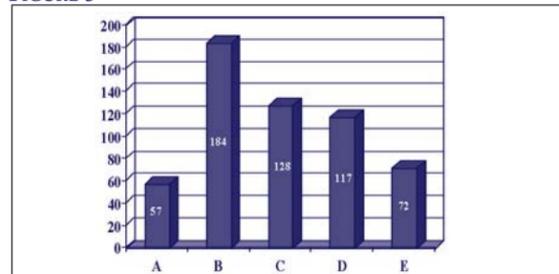
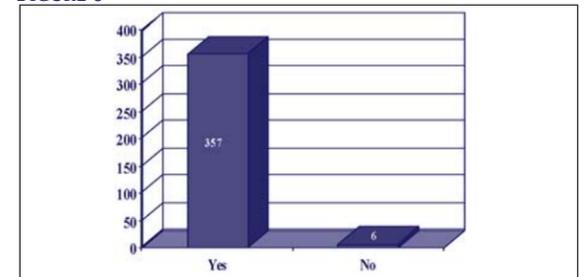


Figure 2,3,4 and 5 addresses the Private Practice Seminar and the Annual Session. The seminar format should either stay the same or be integrated into the scientific session. The most desirable areas of interest for topics were marketing and practice management, followed by risk management, legal issues in the work place and management of insurance claims. Finally, OSHA updates/annual re-certification, infection control and peer review had the least responses.

There was a preference that the annual session format be maintained and that session sites are easy to access. There appeared to be a greater interest in resort areas as opposed to large cities. More options for activities or local attractions should be made available. Four subjective comments were critical of the Private Practice Seminar conflicting schedule with the House of Delegates. These views will be forwarded to the respective committees for future consideration.

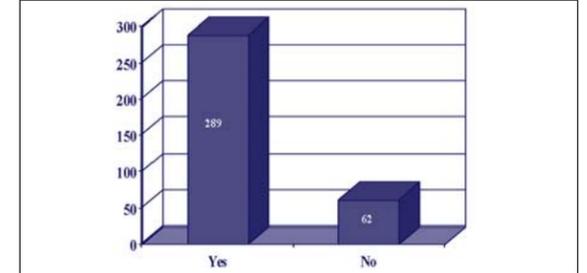
- 6) Currently, a movement exists by "non-recognized specialties" to change the legal interpretation and, in some cases, state regulations as directed to specialty advertising. The success would negatively impact the ability to the general public to distinguish between such dentists the nine recognized ADA specialty groups when using the telephone directory or other advertising media. In order to defeat measures of this nature and preserve the specialty of prosthodontics, do you feel that the ACP should take a proactive stance with the nine other recognized specialty organizations to counteract this movement?
 - a. Yes
 - b. No

FIGURE 6



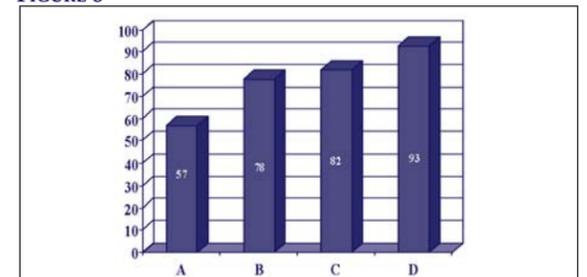
- 7) For the possible funding of the organized response, noted in question #6, would you be willing to contribute financially toward such a program?
 - a. Yes
 - b. No

FIGURE 7



- 8) If you answered yes, how much would you be willing to contribute?
 - a. Between \$10.00 and \$25.00
 - b. Between \$25.00 and \$50.00
 - c. Between \$50.00 and \$100.00
 - d. \$100.00 or more

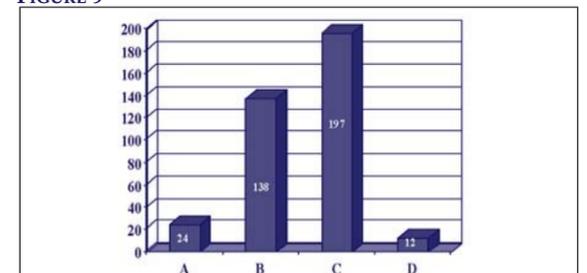
FIGURE 8



Figures 6, 7, and 8 demonstrated an overwhelming response for the College to secure a proactive involvement with retaining our specialty identity and to avert the intrusion of "non-recognized specialties" to gain access toward false or misleading representation. This commitment was restated with a willingness to make a financial commitment as indicated in question nine. The response also depicted the extent of the financial commitment.

- 9) Which of the following should the ACP more aggressively pursue (one item only)
 - a. Minimizing the influence of HMOs and PPOs
 - b. Convincing insurance companies that prosthodontists should be compensated at a higher rate than the general dentist.
 - c. Marketing prosthodontists through an advertising campaign on a national level.
 - d. Other

FIGURE 9



Question 9 serves as reinforcement to the College that a desire exists to attain the appropriate compensation for our specialty practitioners and that marketing the specialty remains an important issue. Twelve respondents suggested the College develops a national marketing program. There were several marketing schemes suggested. The first suggestion was creating an outreach program from the specialty to the general dental community by developing educational programs and targeted articles in a refereed journal (ie. JADA). A second marketing option suggested the development of a partnership program at the academic and standards level. A final format recommended a "grass roots" program that allowed for membership reimbursement. The financial support would come from the individual practitioner and the College would facil-

itate a reimbursement formula. Activities regarding answers "a" and "b" are currently being addressed by several committees in the Private Practice and Patient Services Division. Also, the Public and Professional Relations Division is actively engaged with marketing our specialty at numerous levels. New marketing opportunities are being sought in order to grasp the exposure needed without overextending our resources.

10) State regulations are constantly challenged with regard to the expanded functions for dental auxiliaries. The following represents my position:

- Recognizing that regulations differ with each state, I am satisfied with the expanded functions of my dental auxiliaries as they currently exist in my specialty practice.
- I would like to see a change in expanded dental auxiliary functions providing appropriate document training is provided and direct/indirect supervision is defined.
- Question does not apply to my practice.

FIGURE 10

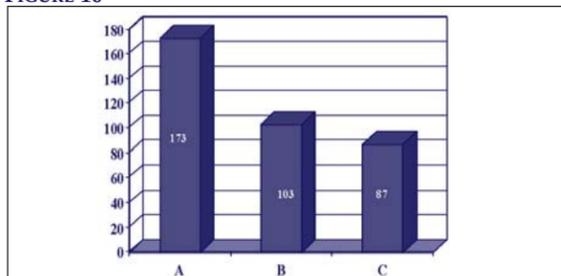
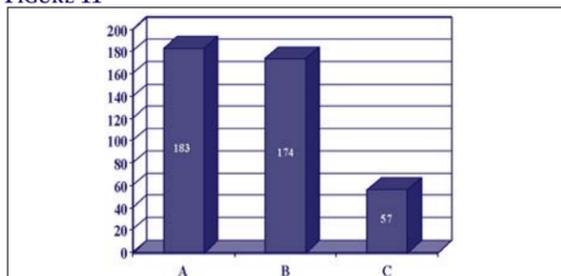


Figure 10 serves as an awareness item to our membership that expanded functions are in a constant state of challenge and review. While the quality of patient care is not to be compromised, we remain committed to attain the full utilization of our auxiliary resources. The responding members indicate satisfaction with the present auxiliary functions but it should be noted that regulations may vary for each state.

11) The following represents my position regarding licensure by credentials (MA):

- Individuals who have completed an ADA approved residency and who have maintained a state license for five years should be accepted for specialty licensure in any other state.
- Individuals who are board certified in an ADA recognized specialty and have maintained a state license for five years should be accepted for specialty licensure in any other state.
- Specialty licensure is unnecessary as the present system is adequate.

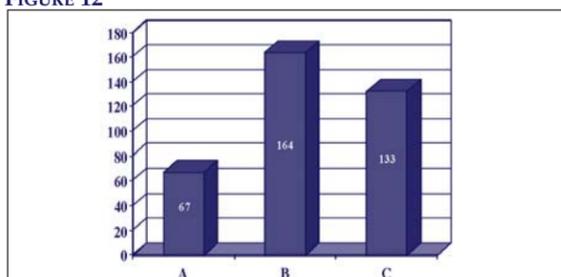
FIGURE 11



12) The following represents my position regarding specialty examinations:

- States should implement a specialty licensure examination so that individuals who have completed an ADA approved residency and who will maintain a specialty practice will be tested in a manner that fairly represents the parameters of care for that practice.
- Same as (a) except Board Certified prosthodontists should be granted licensure by credentials.
- Specialty licensure is unnecessary as the present system is adequate.

FIGURE 12

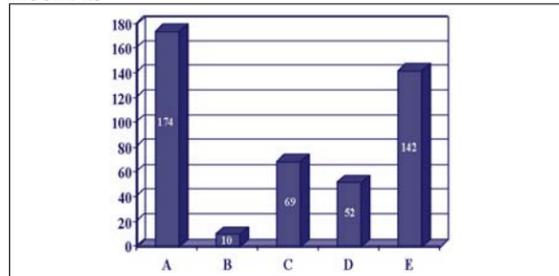


13) The following concerns are held regarding specialty licensure by credentials (MA)

- Lack of reciprocity or freedom of movement. States will not equally acknowledge licensure by credentials.

- Increased local completion will have a negative effect on my practice.
- State specialty licensure process will attempt to control the allowable procedures in a specialty practice.
- State specialty licensure process will incur an additional financial burden with "open end" specialty licensure fees.
- I have no significant concern with licensure by credentials.

FIGURE 13



Figures 11, 12 and 13 addresses issues related to credentials and licensure. The majority of the respondents would like to see specialty licensure by credential. Almost one-half of the respondents preferred that such licensure should be based on the completion of an ADA recognized specialty and maintaining a state license for five years. However, an equal number of respondents felt that board certification should also be part of the minimum standard.

Licensure recognition by the different states may present in various forms. The term "license by credentials" does not usually include specialty licensure as this may present as a separate entity. In most instances a specialist is allowed to practice on the basis of general dental credentials while specialty recognition is accepted on the successful completion of an American Dental Association recognized specialty program. Controversy exists regarding the benefits of specialty licensure that is attained by either additional testing or credential recognition. Some specialties are concerned with the excessive control empowered to a state with specialty licensure. The concern is practice over-regulation, imposed practice restrictions (ie. no overlap with general dental procedures), and additional fees. Others view this as an opportunity for a more legal recognition of the nine ADA recognized specialties. It's perceived to minimize the infringement and misrepresentation from practitioners currently categorized by the ADA as non-recognized specialists. While other issues are involved in this complex subject, it is important to recognize that the political influence and enacted laws will often differ with each state. It is also important to note that dental organizations such as the ACP can project an influence on the various political levels that enact the current laws governing licensure.

Figure 13 indicated a concern among 38 percent of the respondents accepting licensing by credentials as related to reciprocity. A significant problem with reciprocity might exist as some states would not equally acknowledge licensure by credentials.

The following clarification addresses the use of the term "reciprocity". Sometimes the term "licensure by credentials" is substituted with phrases such as "licensure by criteria", licensure by endorsement", or "licensure by reciprocity", and they are not always interchangeable. A subtle difference exists when using "reciprocity". Reciprocity is based on the prearranged agreement between state boards that may allow for freedom of movement or practice relocation and, in this sense, has a unique application. Information may be attained from the ADA web site www.ada.org for additional insight regarding this subject.

The issue of specialty licensure by credentials was discussed at a California Dental Association Interdisciplinary Conference last year. It was interesting to learn that fifteen states had some form of specialty licensure and eleven states required an additional written or theoretical examination.²

14) Currently, the ACP provides limited services toward assisting prosthodontists with the establishment of a new practice or relocation of a practice. The following items should apply (MA):

- Retain the bulletin board at the annual session for employment and practice opportunities.
- Continue to use the *Messenger* as a media for practice opportunities
- Establish a web site section restricted to private practice opportunities.

- Establish a point of contact at the ACP Central Office for a profile (demographics/general info) for specialty private practice or specialty employment opportunities.

FIGURE 14

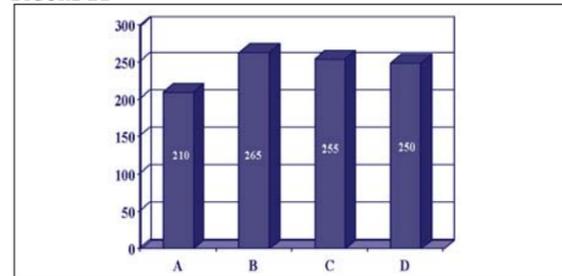


Figure 14 addresses the services provided by the College toward assisting members establish a practice. The response indicates that the College should continue what they are doing, as well as establish a web site for private practice opportunities. A point of contact was desired at the Central Office to assist with demographic and general information as related to private practice opportunities. All these areas are currently being addressed at the Central Office but we do need to develop a data base regarding practice profiles and other demographic information. This will require cooperation from the membership and the necessary time for implementation.

15) Please indicate any of the committees listed that you would like to serve on in the ACP.

- Education and Research
- Membership
- Judicial Committee
- Prosthodontics Practice Committee
- Insurance, Managed Care, Diagnostic Codes
- Private Practice Workshop
- Parameters of Care
- Classification Task Force
- Geriatrics Special Interest Groups
- Implant Special Interest Groups
- TMD Special Interest Group
- Dental Informatics
- Dental Laboratory Group
- Public and Professional Relations
- Annual Sessions
- Maxillofacial Special Interest Group
- Sleep Disorders Breathing Special Int. Group

FIGURE 15

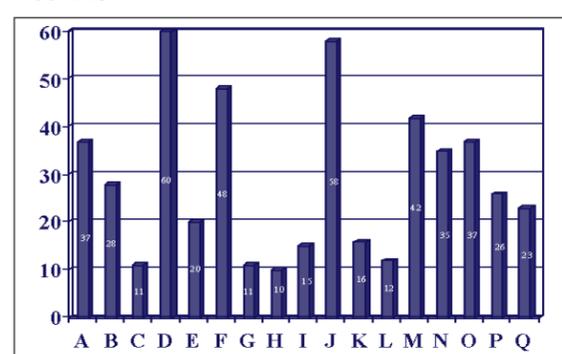
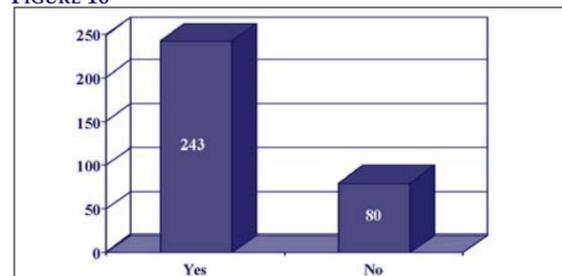


Figure 15 was designed for the purpose of soliciting volunteers for the various committees of the College. The response was most gratifying and reflects positively on the health of the ACP. Information has been tabulated and the appropriate leadership areas will be given this information.

16) The Research Committee of the ACP should provide instruction at the annual session to train the private practitioner in the development of longitudinal clinical trials, proper informed patient consent, and data collection. Thus, simple longitudinal studies related to the clinical practice to prosthodontics could be conducted in the private prosthodontic practice, and the data could be analyzed elsewhere. Such studies could include the longitudinal clinical analysis of various dental materials and clinical techniques. Do you agree that this should be a priority of the Research Committee?

- Yes
- No

FIGURE 16



Continued on page 6

Private Practice — con't from Pg. 5

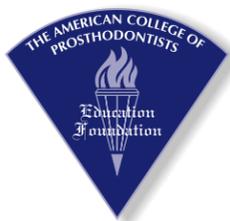
Figure 16 supports that the majority of respondents would like a private practice opportunity to participate in a longitudinal study. Training would be provided by the Research Committee at the Annual Session with dental materials and clinical techniques as two possible areas of interest. This response has sparked an interesting concept and is currently under consideration.

The survey has numerous purposes such as: provide feedback opportunities for the membership; allow the membership to view active areas of concern; provide information to the membership about current issues; and to influence our College leadership with representative ideas from the membership. Certainly, a wide variety of topics were presented and diverse opinions prevailed with the majority of responses. A special thank you to all who participated, especially those behind the ideas, development, and processing of the survey. Specific acknowledgements include: the Prosthodontic Practice Committee (Drs. David Clary, S. Robert Davidoff, Glenn J. Wolfinger); Lisa Opoka, ACP Communications Manager; Gail Perotti Kasuba, Coord. of Ed. Measurement, Tufts University School of Dental Medicine; and Dr. David Felton, Survey Consultant and Editor of the *ACP Messenger*.

¹Felton, D.A., Goldstein, G., Cooper, L.; "Cause for Alarm, Or Window of Opportunity?", *ACP Messenger* Vol. 32, Issue 1.

²California Dental Association Interdisciplinary Council Meeting, (program information) June 7, 2000.

ACP Education Foundation Update



The ACP Education Foundation has engaged the services of Community Counseling Services (CCS) to conduct a Feasibility and Planning Study of the possibility of developing a major fundraising campaign. CCS is a national fundraising firm with special expertise in association foundations, and their advice and guidance will be invaluable in designing a campaign for maximum success.

The Feasibility and Planning Study is intended to develop a compelling case for the Foundation's mission, to identify campaign leadership and to set a realistic campaign fundraising goal. CCS is conducting interviews with a cross sampling of ACP members as well as industry leaders to gather input and to gauge the various constituencies' reception towards a major campaign.

The results of the Feasibility and Planning Study will be presented to the ACP Education Foundation in the near future and a decision will be made as to the most appropriate way to proceed. Public awareness of prosthodontics and funding for graduate prosthodontic education are two critical areas for the specialty and, with the enthusiastic support of our members and partners, the Foundation will be able to make significant contributions to both. Expect a major announcement soon!

ABP Update

Roy T. Yanase, DDS Elected to the ABP

The Council for the Affairs of the American Board of Prosthodontics (ABP) is pleased to announce that Dr. Roy T. Yanase of Torrance, CA was elected to be an Examining Member of the ABP. Dr. Yanase replaces Dr. Thomas Taylor.

Dr. Yanase practices in Newport Beach and Torrance, CA and is Clinical Professor and Co-Director of the University of Southern California and the Odontologic Seminar, a prosthodontic study club. He was past president of the Pacific Coast Society of Prosthodontists (PCSP) and past chair of ACP's Private Practice Committee, where he was actively involved in the education and advancement of the discipline and specialty of prosthodontics.

The officers of the ACP and the Council thank you for your participation in the electoral process. Your participation signifies the interest, responsibility and awareness that mark our specialty and Diplomate status.

Also, the ACP has announced the following individuals will sit on the Council for the Affairs of the American Board of Prosthodontics: Drs. Kenneth Malament, Chair; Stephen Bergen; Alan Carr; Gary Goldstein; Richard Hesby; Peter Johnson; Kent Knoerschild; Jeff Rubenstein and Jonathan Wiens.

The Council's primary role is to serve the interests of the ABP and the specialty of prosthodontics. Tasks assigned to the Council include maintaining liaison with the American Dental Association's (ADA) Council on Dental Education and the ABP, initiate procedures that encourages participation in the board certification exam, develop eligibility requirements and procedures for eliciting nominations and biographical data of prospective nominees to the ABP, as well as oversee the ABP election process.

For more information on the American Board of Prosthodontics, or for upcoming exam dates, visit the ACP web site at www.prosthodontics.org.

Call For Nominations

As one of the primary goals of the ACP is to advance the art and science of the specialty of prosthodontics, the ACP has instituted the presentation of several awards to honor the accomplishments of those individuals who have made significant contributions to the College and the specialty of prosthodontics.

Recipients of the awards will be honored at the ACP Annual Session, published in the *Journal of Prosthodontics*, as well as receive a personalized award plaque acknowledging their accomplishments and achievements. Currently, the ACP is seeking nominations for the following awards:

The ACP Distinguished Service Award

Presented to no more than one individual a year who has contributed to the welfare and advancement of the College, the specialty of prosthodontics or dentistry.

The ACP Distinguished Lecturer Award

Presented to no more than one individual per year who have contributed to the welfare and advancement of the College, the specialty or dentistry with emphasis on prosthodontics. Nominees must present a high quality of original research, which represents a major contribution to the specialty, or a significant contribution to literature, teaching or clinical application. All nominees must possess a DDS, DMD, MD, PhD or equivalent degree

The ACP Dan Gordon Award

This award recognizes lifetime achievement. Open to ACP members who have contributed at the highest level to the welfare and advancement of the College, the specialty or dentistry.

The ACP Educator of the Year Award

Presented to dental educators (ACP members only) who have demonstrated significant contributions to

the welfare and advancement of the College and the specialty, and have shown an outstanding overall achievement to academic dentistry.

The ACP Clinician - Researcher Award

Presented to ACP members who have demonstrated significant contributions to the welfare and advancement of the College and the specialty, and have shown an outstanding overall achievement to academic dentistry and to the sciences or health professions.

The ACP Nomination for the ADA Norton M. Ross Award for Clinical Research

Presented by The American Dental Association's (ADA) Health Foundation and the Warner Lambert Healthcare Division of Pfizer, Inc. to recognize individuals who have made significant contributions in clinical investigations that have advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases. Submissions should be based on: (1) the scope of the nominee's research with special emphasis on its' impact on clinical dentistry and (2) publications in refereed journals. The recipient will receive a \$5,000 cash prize and a plaque at the ADA 2001 Annual Meeting. Letters of nomination describing in detail the nominee's accomplishments in the context of the objectives of this award and a curriculum vitae with a list of publications must be received by June 1, 2001.

All nominations to for any of the awards listed above should be addressed to the ACP Nominating Committee, c/o Dr. Arthur Nimmo, University of Florida College of Dentistry, Gainesville, FL 32610.

Answer from Page 1

None of the statements apply to prosthodontic training. All of the listed statements are standards for the specialty of *Periodontics* at the MUST LEVEL to the COMPETENCY LEVEL. Obviously, our colleagues in periodontology has realized the need to rapidly expand their role in implant dentistry. In addition, the specialty of periodontics has currently submitted a change in their standards to elevate to PROFICIENCY from COMPETENCY instruction in tooth removal. This is a pretty complete picture of implant dentistry. Will our periodontal colleagues become the implant expert that general dentists turn to for advice and education?

The prosthodontic graduate standards for implant dentistry is at the PROFICIENCY LEVEL as follows:

4-13 g Implant supported and/or retained prostheses, which should include:

1. Complete arch restorations
2. Partial arch restorations
3. Single tooth restorations

4-13 h Continual care and maintenance of restorations

4-17 Students MUST be exposed to preprosthetic surgical procedures which should include:

1. Contouring of residual ridges
2. Gingival recontouring
3. Placement of dental implants
4. Removal of teeth

The above constitutes the educational standards for prosthodontists in the field of implant dentistry. No matter what your personal view of the scope of implant dentistry for prosthodontists might be, the current standards are inadequate in comparison to the standards of other specialties.

Annual Session 2001 — con't from pg. 1

Whether you're a private practitioner looking for innovative marketing ideas, a prosthodontist on the road to becoming board certified by the American Board of Prosthodontics (ABP), or a dental professional specializing in the field of prosthodontics looking to refine your craft, the ACP 2001 Annual Session offers a vast array of seminars, workshops and scientific sessions designed to reinvent the role of the prosthodontist within the dental community, and to the public. (The ACP is an ADA CERP recognized provider of continuing education credit; approximately 50 credits can be earned at the 2001 session).

Program highlights include:

- **A Special Restorative Dentistry Update with Gordon Christensen**—demonstrates current state-of-the-art practices in the specialty of prosthodontics. It includes the current most popular and predictable treatment in all areas, and compares the relative acceptability of prosthodontic services. Pragmatic and easily-implemented concepts and techniques will be presented.
- **Scientific Sessions** offer hands-on seminars for attendees to gain added insight on various issues and trends related to prosthodontics including Metal-Free Fixed Partial Dentures, Implant Biomechanics, Personal Enhancement Dentistry, Future Challenges and Mandibular Edentulism Treatment.
- **Limited Attendance Lectures** address timely topics related to prosthodontics and practice management. Speakers include Drs. Scott Ganz on Integrated Implant Therapy;

Stuart Graves on Implants in the Posterior Maxilla; Gerard Chiche on Ceramic Restorative Achievements; Reena Gajjar and Ken Hebel on computer-based presentations for dentists; and John Davliakos on preventive and interceptive prosthodontics.

- **Special Seminars and Workshops** offer several methods for positioning prosthodontists as a leading member of the dental team. Specific courses include: Board Preparation Course, Private Practice Workshop, Classification Workshop for Partial Edentulism, Writer's Workshop and a Joint Predoctoral Educators Seminar/Educators Mentoring Workshop.
- **Table Clinics** offer hands-on presentations, developed by current graduate students or clinicians, to give attendees the opportunity to handle new materials, casts and devices.
- **ACP Annual Welcome Reception**—Kick off the 2001 Annual Session with this annual welcoming event. This year join colleagues for a sneak preview of the 2001 ACP Exhibit Hall, as this year's reception will be held in the exhibition hall. Mingle with representatives from various exhibiting companies to learn the latest prosthodontic technology in an informal setting, while you enjoy some classic New Orleans' refreshments.
- **Annual Luncheon**—Come celebrate another great year of achievement, and spend an afternoon with some of the most influential individuals in the specialty of prosthodontics, as we honor and acknowledge those individuals who

have made significant contributions to the College and/or specialty during the past year.

- **President's Reception**—The passing of the gavel is one of the many highlights of this four-day conference. Join us as we say goodbye to President Dr. Thomas McGarry and thank him for his many contributions during the year, and begin the new year with an elaborate inauguration.

This year's headquarters hotel, the New Orleans Hyatt Regency, offers outstanding meeting facilities and renovated guest rooms to maximize your stay during the ACP 2001 Annual Session. The Hyatt is centrally located and in walking distance of the Superdome, casinos, the French Quarter and the pier. New Orleans is best known for its' gentle and relaxed pace of life, and unsurpassed architecture and ambiance. Room rates for your stay during the ACP event are \$193—single/double, \$218—triple, \$243—Quad (plus tax) per night. All reservations must be made by contacting the hotel directly at (504) 561-1234 by September 30, 2001.

Once again, members are encouraged to call Premiere Travel, the ACP official travel agency, at (800) 274-8506 to make all travel arrangements. Be sure to identify yourself as an ACP conference attendee to get the ACP group rate.

Use the registration brochure, included with the mailing of this newsletter, to register; online registrations will be available on the ACP's web site at www.prosthodontics.org shortly. For more information, contact ACP headquarters at (312) 573-1260.

ACP Discontinues Publication of Prosthetic Dentistry Review

The final issue of the Procter & Gamble-sponsored, quarterly newsletter Prosthetic Dentistry Review (PDR) was mailed in February. In an effort to continue providing a valuable clinical resource to the dental community while minimizing production costs, the PDR will only be available online on the Procter & Gamble (P&G) Dental ResourceNet web site at www.dentalcare.com.

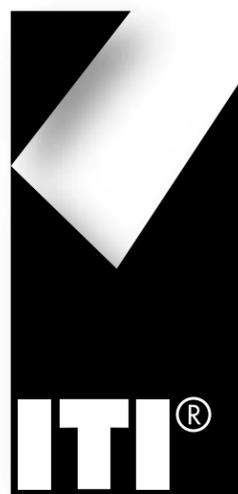
Each issue of the PDR is placed in the online library section of the P&G Dental ResourceNet web site to be viewed and downloaded for all dental professionals. The PDR offers in-depth abstracts, written by fellow prosthodontists, in a thorough, yet reader-friendly and comprehensive format on various prosthodontic procedures and treatment options.

Back issues are available for purchase while supplies last. Current issues available include:

Issue	Topic
Winter 2001	Managing the Tooth-Framework Interface
Summer 2000	Reducing Hyper-Sensitivity Following Tooth Preparation
Winter 2000	Instructions for Complete Denture Patients
Summer 1999	The Altered Cast Technique For Removable Partial Dentures
Spring 1999	Occlusal Considerations for Partially Edentulous Patients with Class II Skeletal Malocclusions
Fall/Winter 1998	Guidelines for Tooth Preparation
Summer 1997	Treatment Planning for Implants in the Esthetic Zone

To order copies of one of the above issues at .32¢ per copy (members), or .50¢ per copy (non-members), contact ACP Central Office at (312) 573-1260, x16.

 **straumann**



DENTAL IMPLANT SYSTEM

Setting trends for more than 20 years:
Single-stage approach • Rough surface
Morse taper • Clinical documentation

A Tradition of Innovation • A Tradition of Leadership

USA: The Straumann Company, Reservoir Place, 1601 Trapelo Road, Waltham, MA 02451
Phone 800/448 8168 • Fax 781/890 6464 • www.straumannusa.com

Prosthodontists and Laboratory Technicians Share Similar Concerns

by Robert L. Schneider, DDS, MS; Mark Richards, DDS, M.Ed.; Sandra Ludes, CDT

As dentistry advances into the next millennium and strategic plans for the advancement of prosthodontics are developed, many concerns must be addressed. These concerns may include third party insurance carriers, HMO's, PPO's, new treatment modalities and technologies, continued lack of recognition by the public of prosthodontists as specialists, and our relationship with other health professionals on the dental care team.

Not only does the discipline of prosthodontics face these challenging situations, but at the same time, dental technicians also face significant changes and challenges. Dental technology is faced with a decrease in applicants to formal training programs, a decrease in the number of technicians seeking certification and a dramatic increase in the development of new materials and techniques.

Concurrent with the continued decrease in laboratory training in dental schools, opportunities for formal training in dental technology have also declined. Several formal dental technology educational programs have closed in recent years and more programs are considering closure because of decreased enrollment. A significant shortage of formally trained, well-educated dental technicians is anticipated for the near future, which does not bode well for the prosthodontic specialty or dentistry as a whole. The dental profession has begun to recognize this problem, but a solution has yet to emerge.

The ACP Dental Laboratory Relations Committee conducted a survey among 500 prosthodontists (250 board certified and 250 educationally qualified) and 500 dental technicians (250 certified and 250 non-certified). The participants were selected at random from a database of the current membership listing of the American College of Prosthodontists (ACP) and the National Association of Dental Laboratories (NADL) from all 50 states. There were approximately 2,500 members of the ACP and 9,000 members of NADL at the time the survey was conducted.

The purpose of the survey was to gather information that could help shape the strategic planning in the future of prosthodontics and our relationship with dental laboratory technicians. The responses rate was good. Over half, 57% of the surveys were completed & returned. (65% prosthodontists, 49% technicians.) The information gathered will contribute to and improve the current working and educational relationships among both prosthodontists and laboratory technicians.

Two surveys, one for prosthodontists and one for technicians with specific similar questions were used. The following summarizes the results from the 12-question survey given to prosthodontists (all responses are based on the visual analog scale 0 – 100):

- 1) How important is it to you that all dental laboratories meet a minimum standard/qualification to be set by law?
The mean response of the board certified prosthodontists was 71 and for the educationally qualified prosthodontists the mean was 69.
- 2) List your opinion of the quality of work you have received from laboratories in the last two years:
 - a. fixed prosthodontics
 - b. complete denture prosthodontics
 - c. removable partial denture prosthodontics
 - d. implant prosthodontics
Fixed prosthodontics and implant prosthodontics received the highest scores for both of the groups with a mean for fixed prosthodontics of 70 and a score of 71 for implant prosthodontics.

- 3) Do you think your patients care if you use a Certified Dental Laboratory?
Thirty-one percent of the board certified responses were YES and only 20 percent of the educationally qualified responses were YES.
- 4) How important is certification of the laboratory to you when selecting a dental laboratory?
The mean board certified response was 55 and the educationally qualified response was 30.
- 5) Do you think most of your patients know that dental laboratory certification requires infection control procedures on the prostheses the laboratory fabricates?
One percent of the board certified responses were YES and 4 percent of the educationally qualified responses were YES.
- 6) To what extent are the following requirements of a Certified Dental Laboratory important to you?
 - a. Verified compliance with federal OSHA laws
 - b. CDT's responsible for production and quality control
 - c. Certification of infection control standards
 - d. Monitored compliance by a national board
The mean response for verified compliance with federal OSHA laws of both groups was 62. The mean for the CDT's responsible for production and quality control of both groups was 80. Both groups had a mean of 71 in their response to certification of infection control standards. The lowest mean for both groups was in monitored compliance by a national board, which was 59. There was no statistical difference between the groups.
- 7) Have you, in the past two years, attended continuing education courses together with your laboratory technician?
Fifty-eight percent of the board certified responses were YES and 53 percent of the educationally qualified responses were YES.
- 8) In regard to your laboratory and/or the product you produce, to what extent are the following important to you?
 - a. perfect margins
 - b. low cost
 - c. high quality ceramics
 - d. no/minimal adjustment of the prosthesis at delivery
 - e. guaranteed infection control standards
 - f. good communications/working relationships
Of the responses recorded on the visual analog scale the only statistically different categories between the groups was low cost and no/minimal adjustment at delivery. Perfect margins and good communications/working relationships had a high response from both groups with means of 92. Low cost had a mean of 31 from both groups. High quality ceramics received the highest mean of 93. No/minimal adjustment had a mean of 78 and guaranteed infection control standards mean was recorded at 71.
- 9) Overall, what percentage have your fees increased in the past five years?
Board certified prosthodontists report a fee increase of 24 percent and educationally qualified prosthodontists experienced a 21.5 percent increase in their fees.
- 10) How important are the following issues to you as a prosthodontist?

	Board Certified	Educationally Qualified	Mean
a. Shortage of laboratories and technicians	66	69	68
b. Shortage of high quality laboratory services	85	84	85
c. Expense of providing high quality laboratory service	60	54	58
d. Quality control in laboratories	92	88	90
e. "Turn around time" of laboratory services	70	65	68
f. Possible future shortage of laboratory technicians	82	76	79
g. Lack of regulation of laboratories	64	64	64
h. Lack of communication between dental and laboratory groups	72	72	72
i. Lack of advanced continuing training for technicians	80	76	78

- 11) Do you predominantly use an in-house laboratory (within a private practice setting) or an outside commercial laboratory for the fabrication of the majority of your prostheses?
Fifty-six percent of the replies from board certified prosthodontists indicated they utilized an in-house laboratory for all or part of their prostheses fabrication. Of the educationally qualified respondents 31 percent said they utilize an in-house laboratory for all or part of their prosthesis fabrication.
- 12) What percent of your operating costs are attributed to dental laboratory fees?
There was no statistically significant difference between the groups with the mean response between the groups of 20 percent.

Part II of this report, with the results of the survey given to dental technicians, will be published in the Summer 2001 issue of the *ACP Messenger*, along with an overall discussion of the attitudes of both groups.

Shaping the Future of Prosthodontics

A Strategic Planning and Thinking Retreat was held January 12-14, 2001 in Denver, Colorado. The retreat was sponsored by the American College of Prosthodontists (ACP) and hosted by Dr. Howard Landesman, Dean of the University of Colorado School of Dentistry.

Participating in the retreat were the officers of the College: Drs. Thomas McGarry, David Felton, Jonathon Ferencz, Richard Jones, Kenneth Malament, Arthur Nimmo and Mr. Ed Cronin. In addition to Dr. Landesman, a select group of leaders representing the diversity of the specialty was chosen to participate: Drs. William Kotowicz, David Eggleston, Gary Goldstein, Roy Yanase, Lyndon Cooper, Ana Diaz-Arnold, Stephen Cambell, Jonathan Wiens, Cosmo DeSteno and Gordon Christensen. The process was facilitated by Mr. Kermit Eide of Tecker Consultants, an international consulting firm specializing in meeting the special needs of organizations managing through change.

Mr. Eide was given a substantial amount of background material to enable him to become acquainted with the history and unique nature of the specialty of prosthodontics and its' role in private practice, academics, government service and organizations. A pre-session survey was created by Mr. Eide and sent to all participants to provide insight into future challenges facing the specialty.

The format for the weekend was a discussion of the pre-session survey results, identification of the driving forces that impact the specialty (social dynamics, economic issues, political issues and technological issues), and the identification of the critical uncertainties that affect the specialty. What followed was an in depth conversation about the envisioned future for the specialty of prosthodontics. This led into the determination of the critical success factors that will be necessary to make this envisioned future become a reality. Once these critical success factors were developed, strategies and performance standards were identified to achieve these goals.

The complete report of the retreat, "Shaping the Future" can be read in its' entirety on the Colleges' Members Only web site at www.prosthodontics.org. Below are excerpts from the Executive Summary of the report.

The primary outcomes of the Retreat were (1) a shared vision for the future – *an Envisioned Future* – and (2) the identification of what it will take to achieve the vision – eight Critical Success Factors.

Envisioned Future

Envisioned future conveys a concrete, yet unrealized, vision. It consists of an overall statement and a series of goals to which the specialty is committed to achieving.

Organized prosthodontics will have a shared vision of the specialty and prosthodontic care. Prosthodontists will work together to promote and achieve the vision of prosthodontic care available to all who could benefit from that care.

Awareness of Value

Fifty percent of the U.S. population will know what a prosthodontist is; 85 percent of the population over 55 will know what a prosthodontist is and understand the value of prosthodontic care.

Professional colleagues will recognize the value of prosthodontics in oral and systemic health.

Access to Prosthodontic Care

Prosthodontic care will be available to all – complex care will be provided by prosthodontists and less complex care by general practitioners and others.

Strategies will be in place to increase care to underserved geographic areas, e.g., debt forgiveness for recent graduates of specialty training in prosthodontics and expanded community services.

The availability of prosthodontic care will meet the changing needs of the public.

The number of prosthodontists will increase significantly:

- 4,000 prosthodontists by 2010.
- Private practitioners – greatly increased demand for services, incorporation of molecular/genetic technologies.
- Educators and researchers – greatly increased demand for services, involved in education of prosthodontists and general dentists.

Innovative education and practice models will utilize dental staff to meet prosthodontic needs.

Role of Prosthodontists

Prosthodontists will provide leadership in comprehensive care and achieve the goal of access to prosthodontic care for all.

Prosthodontics will be the specialty with the primary responsibility for repair and replacement of craniofacial, alveolar and dental tissues using biologic, biomimetic and alloplastic materials.

Prosthodontists will fill a significant role in primary care, including treatment of: (1) edentulism by providing both the prosthetic and surgical phases of implant dentistry; (2) worn or mutilated dentitions; (3) acquired or congenital deformities; and (4) dentofacial esthetic needs.

Craniofacial anomalies will be treated and/or planned by a prosthodontist.

Implant care will increase from the current level of 1% to 20% of edentulous patients. Fifty percent of prosthodontists will provide surgical placement of implants.



Prosthodontists will provide prosthodontic education to other practitioners and dental staff in order to support them in providing less complex care.

Prosthodontic Education

The specialty will attract and educate the highest caliber of students in sufficient numbers to meet the projected needs of the public.

Graduate training programs will be strengthened and expanded:

- Every position fully funded.
- Greatly increased applicant pool.
- Expansion of graduate program positions.
- Synergies achieved with medical profession, e.g. with plastic surgery, ENT, oral surgery, preventive and geriatric care, etc.
- More private practice prosthodontic faculty in pre- and post-doctoral education.

Prosthodontists will have an expanded skill set and quality continuing education.

Prosthodontic education will be included in medical schools, nursing training, pharmacology training, and other relevant areas.

The prosthodontic identity will be reaffirmed in dental education.

Role of Research

The Specialty will play a vital role in tissue engineering, biomaterials, clinical, and behavioral research.

All graduate programs will include basic science and clinical training.

Prosthodontic departments will obtain five percent of the total NIDCR budget.

Critical Success Factors

Critical Success Factors are factors that will need to be addressed if the vision is to become a reality. They describe accomplishments to which participants are committed. The factors are listed in priority order.

1. **SHARED VISION**—Achieve wide acceptance of a shared vision throughout prosthodontics.
2. **ENHANCE RECOGNITION OF VALUE**—Prove value of prosthodontics to patients, dental specialists, and students to achieve increased awareness/recognition of prosthodontics.
3. **FUNDING OF EDUCATION**—Achieve increased funding of undergraduate and graduate education.
4. **IMPLANTS AND ESTHETICS**—Achieve placement of dental implants by prosthodontists and extended involvement in esthetic dental procedures.
5. **GRADUATE STUDENT RECRUITMENT**—Increase the number and quality of graduate students.
6. **FACULTY**—Achieve successful recruitment and retention of prosthodontic faculty.
7. **SPECIALTY RESOURCES**—Use human and financial resources related to prosthodontics in creative and effective ways to achieve common goals and the shared vision.
8. **CLASSIFICATION**—Achieve adoption of the classification system of prosthodontic patients by all dental schools.

The complete report was distributed to all participants during the last week of February, in time for the ACP February Board of Directors meeting. The report was favorably received by the Board and Dr. Felton, President-Elect, was charged to incorporate the concepts outlined above into the College's strategic plan. Plans are underway to communicate these ideas to the entire prosthodontic community, including Prosthodontic Department Chairs, Post-doctoral Program Directors and prosthodontic organizations and other communities of interest.

The officers of the College are most appreciative of the efforts made by the participants of the retreat, whose valuable contribution created this shared vision for the specialty. It is hoped that this project will provide a vital framework for the future of prosthodontics.

ACP Welcomes New Members

The American College of Prosthodontists (ACP) is pleased to welcome the following new (and renewed) members to the organization. For information on the benefits of becoming an ACP member, visit us online at www.prosthodontics.org, or call (312) 573-1260, x14.

Student Members

Dr. Willy S.W. Chang
Dr. Adnan A. Husain
Dr. Jungyoun Lee
Dr. Roger D. Oldroyd
Dr. Michael J. Shannon
Dr. Gustavo Tapia

Dr. Hugo Bonilla
Dr. Yongje Choi
Dr. Kok-Heng Chong
Dr. Taylor L. Crawford, II
Dr. Leonard B. Kobren
Dr. Alyson H. Koslow
Dr. Katherine H. Lee
Dr. Aisling O'Mahoney
Dr. Martin R. Schwartzberg

Life Members

Dr. Richard R. Anderson
Dr. John Bergstrom
Dr. Joan C. Chen
Dr. William C. Neudigate
Dr. Robert A. Strohaber

Members

Dr. Nick AbuJamra
Dr. Lara G. Bakaeen
Dr. Ashraf Bessada
Dr. Paul W. Best

Fellows

Dr. Trakol
Mekayarajananonth

Renewed Members

Dr. Terence R. Dentkos
Dr. Zachary Papadakis
Dr. John T. Pappas

ACP In Motion

On February 9-10, 2001, nearly 1,500 dental professionals (109 ACP members) attended the 1st Interdisciplinary Care Conference at the Adams Mark Hotel in Dallas, TX. Co-sponsored by the ACP, along with the Academy of General Dentistry (AGD), the Academy of Pediatric Dentistry (APD), the American Academy of Periodontology (AAP) and the American Association of Orthodontists (AAO), the two-day program was focused on developing an interdisciplinary team approach in the treatment of patients.

The program featured several presentations by ACP members, as well as experts from the other specialties to demonstrate how they used

the interdisciplinary approach for the diagnosis and treatment planning of a multitude of complicated patients.

The conference gave the ACP some much needed exposure to our colleagues in the other specialties and the AGD. As a co-sponsor of the program, the ACP had an opportunity to promote its Classification System for Complete Edentulism, and the benefits of referring the most complex and debilitated cases (Class III & IV) to the prosthodontist. The exhibit booth was prominently displayed in the general registration area, directly outside of the lecture halls, to provide easy access and reprints of the Classification System to all attendees.

There are tentative plans to hold a subsequent Interdisciplinary Care Conference in the future.

Later that month, February 22, the ACP participated in another dental meeting, the Chicago Dental Society's Midwinter Meeting at McCormick Place in Chicago, IL. The ACP presented a one-day program designed to showcase and promote the specialty of prosthodontics to more than 250 dental professionals.

Several members of the College have contributed to the success of this program, and should be given proper acknowledgment and recognition, especially Dr. Ned Van Roekel, Program Coordinator, Drs. Patrick Lloyd and Richard Jones, Program Moderators; and speakers: Drs. Jim Brudvik, Dale Cipra, Gerard Chiche, Debra Haselton and Kenneth Malament.

Plans for another ACP-sponsored program during the 2002 Midwinter Meeting are already underway. Speakers for next year's program will include: Drs. Robert Winter, Jonathan Ferencz, Thomas Taylor; John Kois, Harold Litvak and Lyndon Cooper. More detailed information on the presentation topics will be published in a future issue of the *ACP Messenger*.

OBITUARY

Ellsworth K. Kelly, 89, of Medford, OR, died Jan. 8, 2000 at his home. He was born July 20, 1910, in San Francisco, attended Lick-Wilmerding High School and received his DDS from the University of California School of Dentistry in 1934.

On September 5, 1931, in Santa Cruz, CA, he married Mary Elizabeth Graves who survives.

Dr. Kelly served in the Army Dental Corps for 25 years. During World War II, he was with the 197th General Hospital in England, France and Germany. After the war, he did postgraduate work in prosthodontics at Tufts University Dental School in Boston and the University of Pennsylvania Dental School, and was certified by the American Board of Prosthodontics in 1949.

Dr. Kelly served in Japan from 1954-1957, where he was a founding member of the American Stomatological Society of Japan. He was awarded a certificate by the Japan Dental Association for contributing to the development of dentistry in Japan.

He retired from the Army as a colonel in 1961, in Washington D.C., where he was chief of Dental Service at Walter Reed General Hospital and chairman of the Prosthodontic Section at the Army Institute of Research. Upon retirement, he was awarded the Army Commendation Medal.

For the next 17 years, Dr. Kelly was on the faculty of the University of California School of Dentistry in San Francisco. He published more than 30 papers in professional journals, was awarded teaching honors, selected as the graduation speaker by the class of 1975 and received the Excellence in Teaching Award in 1974 by the Associated Dental Students. In 1984, he was awarded the Medal of Honor and the title *Alumnus Distinctissimus* by the U.C. Dental Alumni Association.

Dr. Kelly served as a consultant to several graduate training programs at federal hospitals including Letterman General Hospital, San Francisco Veterans Administration Hospital, Travis Air Base Hospital and Tripler Army Hospital in Honolulu.

He retired from teaching in 1977 as professor of restorative dentistry and chairman of the Division of Removable Prosthodontics. Upon retirement, he was granted the title of professor emeritus. He retired to Santa Rosa, CA, and practiced there for a few years specializing in removable and maxillofacial prosthodontics until poor health caused his retirement after 50 years in dentistry.

Dr. Kelly was a life member of the California State Dental Association, the American Prosthodontic Society and the Pacific Coast Society of Prosthodontists, where he served as president in 1977 and secretary-treasurer for several years. He was a life fellow of the American College of Dentists and a charter fellow of the American College of Prosthodontists.

Survivors, in addition to his wife, include a son, Dr. Russell K. Kewelona, British Columbia and a daughter Leslie Oliver, Stockton, CA.

Memorial contributions may be made to Rogue Valley Manor Foundation, c/o Dick McLaughlin, 1200 Miramar Ave., Medford, OR 97504, or the Salvation Army, P.O. Box 1207, Medford, OR 97501.

Call for Table Clinic Presentations

The American College of Prosthodontists Annual Session

October 31 – November 3, 2001
Hyatt Regency Hotel
New Orleans, Louisiana

Table Clinics Session:
Thursday, November 1, 2001
12:15pm to 2:30pm

Poster or Display Presentations of
Research Results,
Clinical Outcomes, Laboratory
Techniques and
Topics of Interest

No Slide Projectors Allowed

Application Form and Guidelines are
available online at
www.prosthodontics.org

Application Deadline:
July 30, 2001

Please Contact:
Michael A. Mansueto, DDS, MS
Department of Prosthodontics (7912)
University of Texas Health Science Center
San Antonio, TX 78229-3900

Tel: (210) 567-3700
FAX: (210) 567-6376
mansueto@uthscsa.edu

Calendar of Events

2001

May

17 – 21 Academy of Prosthodontics Annual Meeting
Santa Fe, NM

June

20 – 23 Pacific Coast Society of Prosthodontists Annual Meeting
Lake Tahoe, NV

21 – 24 ACP Board of Directors Meeting
Denver, CO

October

13 – 17 American Dental Association Annual Meeting
Kansas City, MO

17 – 20 International College of Prosthodontists (ICP)
Sydney, Australia

30 ACP Board of Directors Meeting
New Orleans, LA

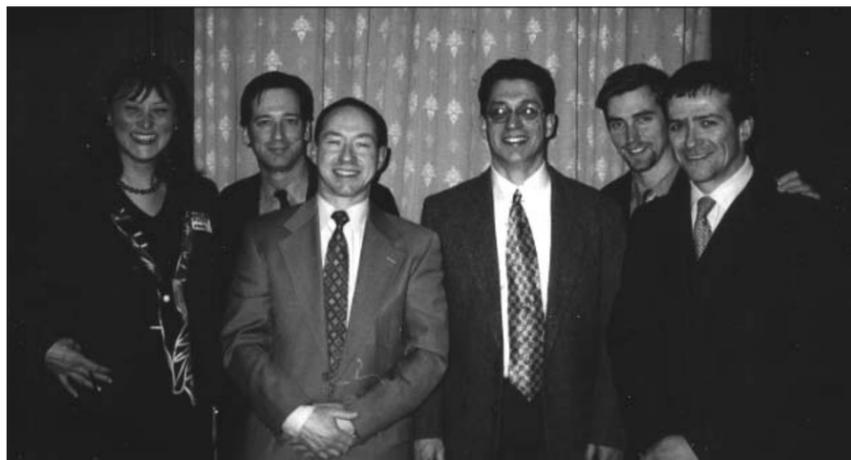
Oct. 31— ACP 2001 Annual Session
Nov. 3 New Orleans, LA

MEMBERS IN THE NEWS

The 46th Annual Scientific Meeting of the Greater New York Academy of Prosthodontics (GNYAP) was held on December 1 - 2, 2000 at the Plaza Hotel in New York City. At the meeting, ACP honorary member **Dr. Michael C. Alfano** received the GNYAP Achievement Award.



Newly elected officers and councilors to the GNYAP board of directors include (Pictured top: left to right): **Drs. Bruce G. Valauri**, Member of the Council; **Kenneth M. Schweitzer**, Secretary Elect; **Cosmo V. DeSteno**, Treasurer; **Peter C. Funari**, Vice President; **Dennis N. Morea**, Secretary and **Frank J. Tuminelli**, Member of the Council. (Bottom: left to right): **Drs. Stanley M. Weinstock**, Immediate Past President; **Gary R. Goldstein**, President and **Dennis P. Tarnow**, President-Elect.



The Massachusetts Section of the ACP conducted its' annual meeting in conjunction with this year's Yankee Dental Congress in January 2001. **Dr. Dominic A. Galasso**, a surgical prosthodontist from New York City, addressed the postgraduate students and local section membership. The executive council was in attendance (Pictured left to right): **Celeste V. Kong, DMD**; **Louis Brown, DMD**; **Daryl J. Roy, DMD**; **Galasso**; **Alan Sulikowski, DMD** and **Julian Osorio, DMD**.



Drs. Richard Jones (Program Moderator) and **Kenneth Malament** (Speaker) at the Chicago Dental Society Midwinter Meeting. For a recap of the ACP-Sponsored program, see page 10.

ADVERTISING POLICY

For more information or to place a classified ad in *The ACP Messenger*, please contact:

ACP
Lisa Opoka, Communications Manager
 211 E. Chicago Ave., Suite 1000
 Chicago, IL 60611
 Phone (312) 573-1260
 Fax (312) 573-1257

Ads will be charged at \$45 for the first 60 words and \$1 for each additional word. The minimum charge is \$45. Payment by check, VISA or MasterCard must be received with the advertisement.

To ensure consistency in style, advertisements will be subject to editing. The ACP reserves the right to decline or withdraw advertisements at its discretion.

ACP Headquarters

For questions regarding your membership, ACP programs and events or general inquiries, please contact the ACP headquarters at (312) 573-1260; fax: (312) 573-1257.

Executive Director
 Ed Cronin, Jr.—ext. 17
 ecronin@prosthodontics.org

Membership Services Director
 Kevin Fitzpatrick—ext. 15
 kfitzpatrick@prosthodontics.org

Communications Manager
 Lisa Opoka—ext. 16
 lopoka@prosthodontics.org

Membership Services Coordinator
 Michelle Martin—ext. 14
 mmartin@prosthodontics.org

Accountant
 Michelle Phillips—ext. 13
 mphillips@prosthodontics.org

Administrative Assistant
 Cassandra Curtis—ext. 10
 ccurtis@prosthodontics.org

CLASSIFIED ADVERTISEMENTS

EMPLOYMENT OPPORTUNITIES

Columbus, OH—The College of Dentistry, Section of Primary Care, at the Ohio State University is accepting applications for an immediate full-time clinical track position at the assistant/associate professor level. Duties include clinical teaching, monitoring of student progress in daily clinical operations as well as pre-clinical instruction. Qualified candidates must have a DMD or DDS degree from an accredited institution, be eligible for license in Ohio and advanced training in general dentistry, prosthodontics or geriatric dentistry desired. Salary and rank are set in accordance with qualifications and experience. An intramural practice opportunity is available. Forward a current curriculum vitae and the names of three references to: Dr. Stan Vermilyea, Chair of Section of Primary Care #186, The Ohio State University, College of Dentistry, 305 W. 12th Avenue, P.O. Box 182357, Columbus, OH 43218-2357. Telephone: (614) 292-2994; fax: (614) 292-8013; E-mail: vermilyea.1@osu.edu. The Ohio State University is an Equal Opportunity, Affirmative Action Employer. Women, minorities, veterans and individuals with disabilities are encouraged to apply.

Maine (Portland area)—Quality-oriented prosthodontic/restorative practice seeks an experienced practitioner with advanced prosthetic training for associateship leading to future partnership. Practice with highly motivated staff of professionals in a modern facility complimented by an in-house, nationally recognized laboratory in one of the most beautiful and rapidly growing coastal areas of New England. Call Prosthodontics Associates, P.A. at (207) 775-6348.

Maryland—Prosthodontist specialty group seeks associate leading to ownership share. Practice includes fixed, removable, maxillofacial and significant implantology. Major hospital affiliation. Complete in-house lab. Team personality and practice building skills essential. Call Sylvia at (410) 356-1400.

West Virginia—West Virginia University School of Dentistry is seeking applications for a full-time, faculty position at the Assistant/Associate Professor level in the Department of Restorative Dentistry. Responsibilities will include pre- and post-doctoral didactic and clinical teaching, independent research and faculty practice. The individual will also have administrative responsibilities in the department. The possibility exists for the position to be either tenure-track or clinical track. Candidates must be eligible for a West Virginia dental license, which currently requires a DDS or DMD degree from an accredited American or Canadian dental school. Advanced formal training in prosthodontics is required and Board certification is highly desirable. The

Department of Restorative Dentistry is currently the largest department in the school, and includes oral diagnosis; oral and maxillofacial radiology; operative dentistry; fixed, removable and maxillofacial prosthodontics; endodontics and dental materials. The successful candidate will have a history of documented competence in teaching, administration and research and will demonstrate excellent interpersonal and communication skills. Experience in curriculum development and revision is preferred. Review of applications will begin immediately and will continue until the position is filled by a qualified candidate. Salary will be commensurate with qualifications and experience. Interested individuals should submit a letter of interest, current curriculum vitae and names, addresses and phone numbers of three references to: Dr. Mark Richards, Chair; Dept. of Restorative Dentistry; West Virginia University School of Dentistry; PO Box 9495; Morgantown, WV 26506-9495. West Virginia University is an Affirmative Action/Equal Opportunity Employer.

FOR SALE

Raising specialty issues not seen elsewhere. Subscribe to the newsletter for specialists in prosthodontics, the *Prostars Newsletter*. Receive four issues per year at \$20.00, or order the new, six-volume reprint set of past issues for only \$9.00. Orders should be sent, with your check for the appropriate amount, to Prostars at P.O. Box 10902; Rockville, MD, 20848.

CONTINUING EDUCATION

October 1-2-3, 2001

Three-day surgical training in private practice, sponsored by the Institute For Facial Esthetics, presented in Fort Washington, PA by Thomas J. Balshi, DDS, FACP and Glenn J. Wolfinger, DMD, FACP. Live surgeries with FIXED TEETH THE DAY OF IMPLANT PLACEMENT; lectures, slides, hands-on training. Provides insight into integrating implant prosthodontics into the specialty of prosthodontics. For more information, contact Liz at (215) 643-5881.

January 14-15-16, 2002

Three-day surgical training in private practice, sponsored by the Institute For Facial Esthetics, presented in Fort Washington, PA by Thomas J. Balshi, DDS, FACP and Glenn J. Wolfinger, DMD, FACP. Live surgeries with FIXED TEETH THE DAY OF IMPLANT PLACEMENT; lectures, slides, hands-on training. Provides insight into integrating implant prosthodontics into the specialty of prosthodontics. For more information, contact Liz at (215) 643-5881.

Messenger Schedule

Summer:	August	2001
Autumn:	November	2001
Winter:	February	2002
Spring:	May	2002

The ACP Messenger

The ACP Messenger is published quarterly by:



The American College of Prosthodontists
 211 E. Chicago Avenue, Suite 1000
 Chicago, IL 60611
 Phone: (312) 573-1260 or (800) 378-1260
 Fax: (312) 573-1257
 E-mail Address: acp@prosthodontics.org
 Web Site: www.prosthodontics.org

David A. Felton
 University of North Carolina School of Dentistry
 Dept. of Prosthodontics
 Brauer Hall, Room 404
 Chapel Hill, NC 27599
 Tel: (919) 966-2712
 Fax: (919) 966-3821
 E-mail: Dave_Felton@dentistry.unc.edu

Managing Editor
 Lisa Opoka, Communications Manager
 Design
 Publications Associates, Inc.
 Production
 United Letter

© Copyright 2001
 The American College of Prosthodontists
 All Rights Reserved ISSN 0736-346X

211 East Chicago Avenue • Suite 1000
Chicago, Illinois 60611-2688

Messenger

The News Source For Members Of The American College Of Prosthodontists



2001 Annual Session
October 31-November 3, 2001
New Orleans, Louisiana
Hyatt Regency Hotel



Annual Session 2001



**William B. Butler, DDS Appointed
Dean of Meharry Medical College
Dental School**



ACP Surveys Private Practitioners



Shaping the Future of Prosthodontics

