

" S P E C I A L I S T S I N T H E R E S T O R A T I O N A N D R E P L A C E M E N T O F T E E T H "

## Annual Session in NYC a Resounding Success

The ACP's 1999 Annual Scientific Session, October 20-23 in New York City, was a tremendous success. Membership feedback from the meeting lauded both the quality of the professional program as well as New York as a great meeting venue.

The Annual Session, which adds new and inventive programs each year, also draws increasing membership participation yearly, with the 1999 meeting drawing the largest attendance to date.

The Wednesday seminars and meetings have become an essential part of the Annual Session. This year, the ACP Marketing Seminar was added to the program, along with the Board Preparation Course, the Writers Workshop, the Classification Workshop, the Educator/Mentor Seminar, and the Predoctoral Educator Seminar. All of these sessions were enthusiastically received and provided vital information to College members with various professional focuses.

The Thursday Scientific Session included eminent speakers in a plenary session and also introduced the John J. Sharry Prosthodontic Research Competition in a new format, which guaranteed strong audience participation. Dr. Bruce Valauri produced a record 71 table clinics, which showcased the abilities of the next generation of prosthodontists.

Limited-attendance lectures by Drs. Baxter, Ferencz, Lloyd, Malament, and Pameijer were attended by an enthusiastic group of early risers. Concurrent scientific sessions, featuring some of the emerging leaders in the specialty of prosthodontics, were designed with lectures starting and ending simultaneously to enable participants to select the topics they most wanted to hear. The changeover in the lecture room worked well, with a minimum amount of disruption. All three concurrent sessions in the afternoon were very well received, particularly the first research forum. It is planned that the annual research-focused session will be held at future meetings.

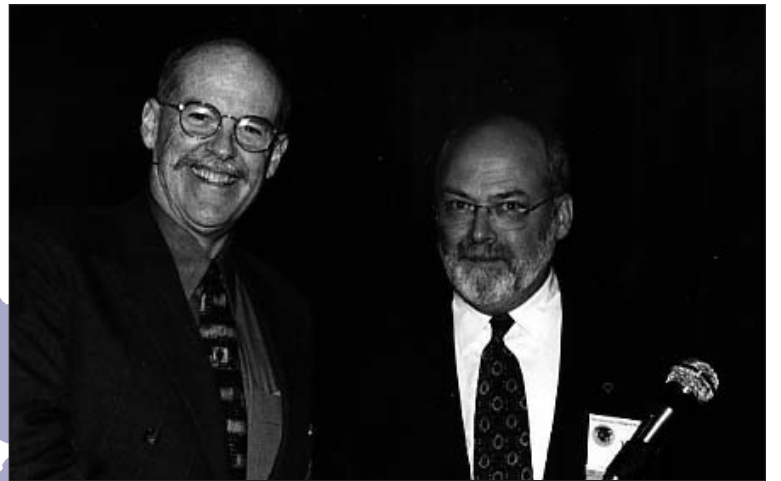
The Grand Session that ended the meeting produced a most distinguished panel of speakers, who offered wisdom and insight to the audience. A special "Thank you" goes to Dr. Jack Preston, who demonstrated great grace in a particularly difficult ending to the session. Jack has made tremendous contributions to our specialty and his concluding remarks, directed at young prosthodontists, provided a special moment for the ending of the Annual Session.

The meeting's social aspects were as impressive as its educational offerings. The Welcome Reception was as grand as New York itself, and provided a great kick-off to the meeting. The opportunity to attend Broadway shows and enjoy the Big Apple experience added immeasurably to attendees' enjoyment of the meeting. The ACP owes a great debt of gratitude to Ms. Marcella Grigaliunas, who, during a difficult time at the Central Office, did an excellent job of putting the meeting

together and ensuring that members had great in-hotel arrangements.

The 1999 Annual Scientific Session was truly an unqualified success. Attendees returned to their professional lives renewed by old and new friendships, as well as professional enrichment. New York is unsur-

passed as a meeting site, and will certainly be the venue for other ACP meetings in the future. Members can now turn their attention to Hawaii, where the ACP will hold its 2000 Annual Session, November 15-18. Mark your calendars now for another outstanding meeting!



Outgoing President Dr. Tom Taylor, with Dr. Robert Cronin, Jr., Scientific Chair.

## New ACP Executive Director Named

Mr. Edward J. Cronin, Jr., was named Executive Director of the American College of Prosthodontists (ACP) effective December 1st. Ed, who comes to us from his position as Chief Operating Officer for the Foundation Fighting Blindness, has more than 20 years of executive experience in the national not-for-profit arena. His background includes a Bachelor's degree in Government from Harvard University and an MBA from Northwestern University's prestigious Kellogg School of Management. His knowledge and experience will be most beneficial to the College as we work toward the future.



Mr. Edward J. Cronin

Ed's accepting the search committee's offer brings to a close a long search process that began last June when Steve Hines announced his decision to resign. Then-President Dr. Tom Taylor appointed a search committee that included himself, President-Elect Arthur Nimmo,

Vice President Tom McGarry, Treasurer Richard Jones, Immediate Past-President Ned Van Roekel, and ACP Fellow Ana Diaz-Arnold. The committee held its first meeting in late June, during which a position description was developed and search priorities established. Advertisements were then placed in a number of professional journals and websites. The response to the ads was extremely impressive and it seemed that the most difficult task the committee faced when they met in late August was to sort through the many resumes to select candidates to interview. Eleven exceptionally well-qualified candidates were interviewed during a marathon weekend in Chicago in late September. Of those 11, 3 were chosen as finalists, and a second round of interviews took place (again in Chicago, the weekend following the ACP Annual Session in New York City). It was clear to everyone on the committee that Ed was the right person at the right time for the ACP.

Ed is extremely excited about the new challenges that we are presenting him with. Members are encouraged to call or e-mail Ed at the Central Office with comments, suggestions and ideas for the future of the specialty and the College. Ed's e-mail address is [ecronin@prosthodontics.org](mailto:ecronin@prosthodontics.org)

### EXECUTIVE DIRECTOR'S MESSAGE

Former Notre Dame Football Coach Lou Holtz has said that, to be successful in life, a person must always do what is right, work hard, and CARE. As a coach, he knew that, despite the physical abilities of his players, his teams would not be successful until enough players cared—about each other, about the team, and about their school.

As I went through the interview process and met with the ACP's search committee, what attracted me to the American College of Prosthodontists was the very real sense that they cared. And what has me so excited about being your Executive Director, after talking and meeting with officers, directors, members and staff, is that they, too, care—about your profession and about our College. What a wonderful, positive atmosphere for the ACP to take into the 21st century!

As we now start a new year, some of the projects we will be working on include updating our membership software system to allow us to work more efficiently, communicate better and to allow members to interact via our webpage. E-com-

merce and .com are the buzzwords today, but they really are the future. The Internet and our webpage will be a key strategy in how we do business. If you have not done so already, I encourage all members to provide us with your e-mail address by contacting our Membership Director, Colleen Ryan, at [cryan@prosthodontics.org](mailto:cryan@prosthodontics.org)

We also are planning a major New Member Recruitment Campaign for the new year. Having a full, active membership not only helps in accomplishing our mission but also tells the world that the ACP is the organization representing the specialty of prosthodontics. This is very important as we look to partner with corporate allies to support our efforts. Start now to think of potential members you can recruit. You may win an all-expenses-paid trip to Hawaii for our Annual Session in November 2000! Details will be available soon.

It seems like we have just finished reviewing the results of our New York meeting and we are already going full-steam ahead on preparations for our Hawaiian meeting. (That is actually not a bad thing to be working on as we sit here in

frozen Chicago!) We are planning an exceptional program, with plenty of time to enjoy the beautiful surroundings. Save-The-Date cards are in the mail, so make your plans early.

We will continue to meet and develop relationships with corporate partners to support our meetings, publications and work in general. Please let me know if you have a contact with any relevant company. We also will be working on our plan to introduce the Classification System for Complete Edentulism to dental schools across the country. If you can help with this important project, I would be happy to hear from you.

As we begin the new Millennium, our staff is looking forward to working with each of you to make some contribution to ACP's success this year. There are many ways in which you can help: Recruit a new member, serve on a committee, attend our Annual Session or other educational opportunities, stock up on patient brochures. We appreciate your support. Remember, once enough of us care, our success will be inevitable.

## PRESIDENT'S REPORT



Dr. Arthur Nimmo  
ACP President

Well, we're "back in business," thanks to the efforts of ACP Immediate Past-President Dr. Tom Taylor, and the members of the Executive Director search committee. We are deeply indebted to Dr. Taylor and to Ms. Marcella Grigaliunas, who shared interim executive director duties this past summer and fall.

With our new Executive Director, Mr. Edward Cronin, in place, we are ready to move forward on the most pressing issues facing the specialty. For the immediate future, these issues are 1) recruitment of graduate students, 2) promotion of the Classification Systems, 3) recruitment of new members into the ACP, and 4) promotion of the specialty of prosthodontics. I will comment briefly on these major initiatives.

Graduate prosthodontic program directors are having difficulty attracting the best-qualified dental students to the specialty of prosthodontics. We have the highest percentage of foreign applicants of any of the recognized specialties. This situation has implications for the future of the specialty, as well as for our organization. ACP Vice President Dr. David Felton is chairing a task force to address the issue of graduate student recruitment.

The classification implementation working group, chaired by ACP President-Elect Dr. Thomas McGarry, will be implementing an aggressive educational and marketing plan this year. It is our goal to get the classification system for complete edentulism into the dental curriculum. We need to educate dentists in diagnosing the edentulous patient and in making an evidence-based decision on whether to treat the patient or refer to a specialist in prosthodontics.

To have an impact as an ADA-recognized dental specialty, we need to have resources. To have resources, the ACP needs to have a greater market share. During the past year, the Central Office has compiled a list of educationally qualified prosthodontists who are not ACP members. Dr. Bruce Valauri, division director for membership services, will be working closely with Ms. Colleen Ryan of the ACP staff to promote the value of ACP membership to these non-members. Ultimately, I hope that we can count on your help in bringing these individuals into the ACP.

The public and professional relations division, headed by Dr. Kenneth Hilsen, is initiating a study on the issue of professional referral. A public relations research group is investigating why general dentists refer patients to periodontists and orthodontists but not to prosthodontists.

Some additional projects include our ongoing evaluation of the ADA-approved definition of the specialty of prosthodontics, as well as consideration of a possible name change for the specialty to improve public and professional recognition. In addition, we will be analyzing the process traditionally used to select examiners for the American Board of Prosthodontics.

None of these issues is likely to be completely addressed in 2000. We are fortunate to have many of you volunteer your time to participate in our many projects. I am looking forward to working with you this year on these projects and others.

### THE MESSENGER schedule

Winter issue:	February 2000
Spring issue:	April 2000
Summer issue:	July 2000
Fall issue:	October 2000

## EDITOR'S MESSAGE

by DR. THOMAS J. MCGARRY

### Future of Prosthodontics

The specialty of Prosthodontics has struggled with a "so called" identity crisis for many years. I believe the recognition of this dilemma began as prosthodontists started to go into private practice as their primary occupation. The shift in the primary occupation from academics and institutional positions to private practice highlighted the lack of recognition that prosthodontic specialists had in the "real" world of dentistry. Within the academic community and the armed services and other salaried positions, the specialty of prosthodontics was recognized, but in the environment of fee-for-service private practice, the role of a prosthodontist was non-existent. Many of the hurdles prosthodontists have faced have been self-imposed and perpetuated by traditions. As the specialty enters the new millennium, many of these outdated traditions and beliefs are again creating division within the specialty. The issue of a name change for the specialty and/or a redefinition of the specialty are once again highlighting the limitation of defining the specialty by procedure and technique and "quality" instead of identifying the disease processes and conditions afflicting our patients. If we commit ourselves to a definition that describes the physical conditions that we treat then we will not have to change our name or definition as new advances in research and technology become available to the specialty. We must not be a technique-oriented specialty—fixed prosthodontics, removable prosthodontics or maxillofacial prosthodontics. We must be a specialty whose expertise is the diagnosis and successful management of diseases independent of the treatment technique utilized to achieve success. The specialists in prosthodontics are a small group of people that must stay united and not be drawn into internal divisions. We must not let outside opinions or influences detract or divide us from supporting the specialty. As the specialty begins the process of self-examination to explore a new name and definition, each of us must strive to be open-minded and futuristic in our discussions so that as many opinions as possible can be accommodated.

Most private practice prosthodontists

have made it on their own with little, if any, help from the ACP in the last 30 years. These early visionary practitioners have led the way so that the majority of prosthodontists today are in private practice delivering specialized prosthodontic care to the public. The ACP now reflects this change in the specialty. It has been a long, difficult journey with a few hills still remaining. However, in just the last 10 years the ACP, as the parent of the specialty, assumed the sponsorship of the American Board of Prosthodontics, created a full-time and staffed Central Office, hired a full-time executive director, established a world-class journal, created a House of Delegates, committed 10% of our annual budget to marketing and helped support the election of one of our members to be President of the American Dental Association. Without the dedication and perseverance of these early private practitioners, the specialty might still be mainly an academic group with little influence outside of schools and the services.

Many of our visionary members are now encouraging a more complete involvement in the treatment of complete and partial edentulism through providing preprosthetic surgical placement of implants. Whether this is the future or not, we must not be tied and bound by old habits and routines. Not every prosthodontist needs to do implant surgery, just as not every endodontist does surgical root canals, just as not every oral and maxillofacial surgeon does orthognathic and cosmetic surgery, and just as not every periodontist does implant surgery. Why should we limit our colleagues who do implant surgery and have been responsible for many of the advances in implant-assisted prosthodontics? Why should we view implant surgery any differently than any other type of preprosthetic procedure? We must aggressively explore the future and determine for ourselves the role that prosthodontists need to fulfill rather than leaving our fate to chance and opinions of others. Change and innovation is always uncomfortable, even risky; however, prosthodontists must overcome their tradition of being the most recalcitrant, if not hide-bound, of all the specialties.

## ACP Welcomes New Staff

The ACP is pleased to welcome three staff members to the Central Office:

Jill Dixon, CPA, brings to the College her expertise in public/corporate accounting. Her extensive financial background includes positions as Senior Auditor, Senior Financial Analyst, and Accounting Manager at such organizations as Marshall Field's, Griffith Laboratories, and the accounting firms of Murphy, Hauser, O'Connor & Quinn (now merged with Deloitte & Touche), and McHenry & Nisevich. Jill received her Bachelor of Science degree in Accounting and an MBA in Finance from DePaul University.

Vanessa Pugh is the College's Administrative Coordinator. She brings to the ACP a varied background of administrative skills and computer expertise. Her previous experience includes positions at Pullman Bank and Trust and the Community Renewal Society, both in Chicago; and at Loew's Vanderbilt Plaza Hotel in Nashville, TN. Vanessa, who attended Tennessee State University, is currently a student at Columbia College.

Colleen Ryan, ACP's Director of Membership and Sections, comes to the College from the prestigious management firm of Smith, Bucklin & Associates Inc., where she served as Membership Services Coordinator. Her primary responsibilities there included engineering membership recruitment and retention campaigns; and evaluating, expanding and utilizing available technology to provide cost-effective and timely communications with members. Colleen earned a Bachelor of Science degree from Indiana University, and is currently pursuing a Master's degree in Education from DePaul University.

We welcome these three talented individuals to the College and look forward to a long and satisfying working relationship.

## 2000 ACP BOARD OF DIRECTORS

The ACP's new Board of Directors took office at the Annual Session in October. The new board members are as follows:

### OFFICERS

**Dr. Arthur Nimmo**, President  
**Dr. Thomas J. McGarry**, President-Elect  
**Dr. David Felton**, Vice President  
**Dr. Jonathan L. Ferencz**, Secretary  
**Dr. Richard E. Jones**, Treasurer  
**Dr. Thomas D. Taylor**, Immediate Past-President

### DIRECTORS

**Dr. Nancy Arbree**, Prosthodontic Practice and Patient Services Division Director  
**Dr. Kenneth L. Hilsen**, Public and Professional Relations Division Director  
**Dr. Bruce G. Valauri**, Membership Division Director  
**Dr. Dennis Weir**, Education and Research Division Director  
**Dr. James Farer**, Director, Prosthodontic Forum  
**Dr. Patrick M. Lloyd**, Editor-in Chief, *Journal of Prosthodontics*  
**Dr. Kennent Kent**, 2000 Speaker of the House of Delegates



Bottom row: Dr. Arthur Nimmo, Dr. Nancy Arbee, Dr. Dick Jones  
 Second row: Dr. Jonathan Ferencz, Dr. David Felton, Dr. Kenneth Hilsen  
 Third row: Dr. Tom Taylor, Dr. Thomas McGarry, Dr. James Farer  
 Back row: Dr. Ken Kent, Dr. Dennis Weir, Dr. Bruce Valauri  
 Not pictured: Dr. Patrick Lloyd

## Board Preparation Course a Success

The 1999 ACP Board Preparation Course, held in conjunction with the Annual Session in New York, had a record attendance of 140 participants. The objective of the course, moderated by Dr. John Agar, was to demonstrate and explain how the American Board of Prosthodontics (ABP) examination process works.

The course featured two simulated oral examinations. Dr. Sreenivas Koka and Carol Lefebvre questioned Dr. Jack Morris about his patient's treatment, for Part II of the Boards. Previous Board Examiners Drs. Howard Landesman and Brien Lang examined Dr. Kevin Oakes about his patient presentation, for Part III of the Boards. These parts of the course received exceptionally high ratings on written evaluation by participants.

Dr. Steve Eckert also provided an educational summary of maxillofacial prosthodontics.

A philosophy of how to get the most benefit from preparing for the Board Examination was emphasized: Dr. George (Chip) Clayton explained how to do excellent photography, and Dr. Geoff Thompson discussed the best ways to organize and study about dental materials. Dr. Dave Felton addressed Part IV of the Boards and a philosophy for success in challenging the examination. Dr. Hiroshi Hirayama demonstrated a new Board



Study Guide that he, Dr. Ken Malament and Dr. Arthur Nimmo developed. He noted that it would soon be available on CD-ROM disc from the ACP Central Office

Dr. Culpepper, the Executive Director of the ABP, explained the Board Preparation administrative process. He reminded participants that all requests for applications must be in writing, but

that anyone could call him and he would be pleased to discuss the examination procedures in detail. Dr. Culpepper and Dr. Ed Plekavich, President of the ABP, provided a synopsis of the Board requirements. As a fitting end, Dr. Plekavich gave an inspirational discussion of why specialists should become Board-certified.

## CLASSIFICATION OF PROSTHODONTIC PATIENTS PROJECT

by Dr. Thomas J. McGarry, Chairman

The Classification of prosthodontic patients involving complete and partial edentulism continues to build momentum as a critical initiative for the specialty. With our new Executive Director, Ed Cronin; and additional support staff, the implementation phase of the Classification project into dental schools is set to move forward. More than 15 dental schools have requested material concerning the complete edentulism classification. Money has now been budgeted so that the ACP can provide the slides and teaching module cases to every dental school free of charge. On-site faculty orientation has occurred at the University of Oklahoma, University of Texas-San Antonio and the University of Illinois-Chicago dental schools in addition to the Classification Seminar held at the Annual Session each year. Development of a Web-based teaching module

is currently being researched, along with the production of a CD-ROM module. This initiative is imperative for the specialty to identify those patients most in need of advanced care.

The Partial Edentulism Classification is set for the last communities of interest review with subsequent submission for publication to the *Journal of Prosthodontics* later in 2000. The Partial Edentulism Classification will be officially presented at the AADS meeting in April 2000.

If you are in education, please consider adopting these Classifications as soon as possible so that the specialty can uniformly advance the diagnosis of complete and partial edentulism. If you are in practice, make sure to include the classifications in your communications with referring doctors and third party payers. Repetition is the key to success of this project!

## Canadian Association Elects Officers



Lieutenant-Colonel  
 James C. Taylor.

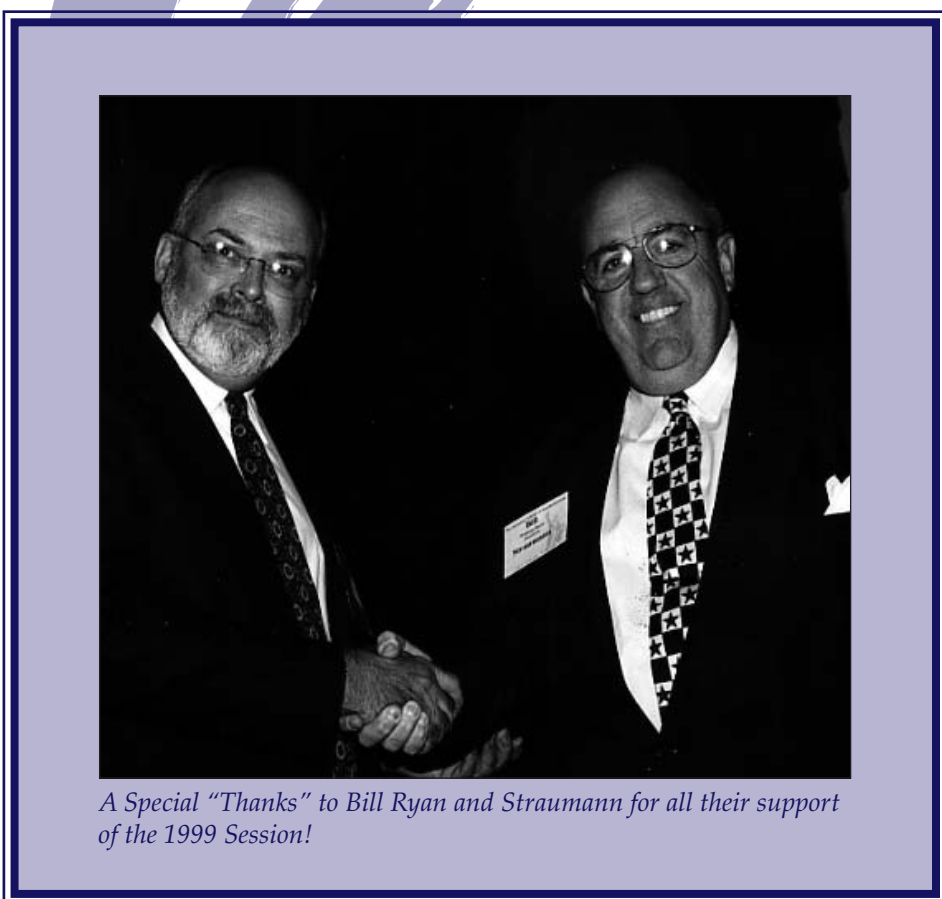
President:  
 1st Vice-President:  
 2nd Vice President:  
 Secretary-Treasurer:  
 Past President:

The Association of Prosthodontists of Canada held its Annual General Meeting on October 16, 1999, in conjunction with the joint APC/ARDT Team Spirit '99 Meeting, at the Colony Hotel in Toronto. The following officers were elected for the 1999/2000 term:

Lt. Col. James C. Taylor  
 Dr. Peter W. Stutman  
 Dr. Henry C. Levant  
 Dr. Donald F. Reikie  
 Dr. Peter Stevenson-Moore

# Meeting Patient Needs in the New Millennium ...1999 Annual Session





*A Special "Thanks" to Bill Ryan and Straumann for all their support of the 1999 Session!*

# Award Winners from the 1999 Annual Session

## THE JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION WINNER



*Dr. Michael McCracken (center), award winner; Dr. David Felton (left); and Dr. Ned Van Roekel (right).*

## TELEDYNE WATER PIK/ACP STUDENT AWARD WINNER



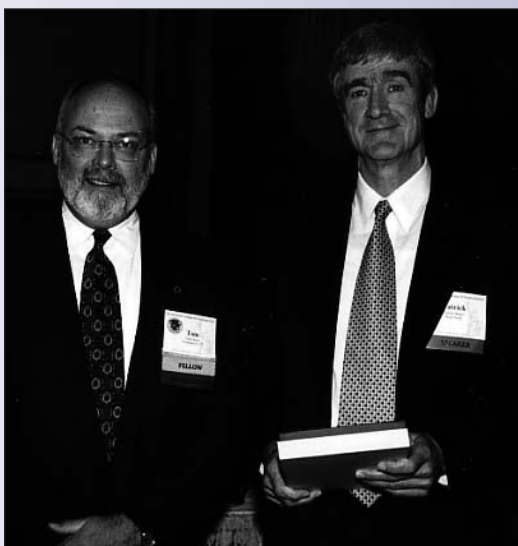
*Dr. Scott Wright, accepting the award from Dr. Tom Taylor and Ms. Stephanie Correl, Teledyne Water Pik.*

## ACP DISTINGUISHED SERVICE AWARD WINNER



*Dr. Tom Taylor presenting the award to Dr. Brien Lang.*

## ACP DISTINGUISHED LECTURER AWARD WINNER



*Dr. Tom Taylor with award winner Dr. Patrick Henry.*

## TABLE CLINIC WINNER

*Dr. Chia Ming Lee (no photo)  
A special "Thank you" to Treloar & Heisel for supporting this special part of each Annual Session.*

**TRELOAR  
AND  
HEISEL  
INC.**

## NEW FELLOWS OF THE AMERICAN COLLEGE OF PROSTHODONTISTS

The new Fellows were presented at the Annual Session by ACP President Dr. Thomas Taylor and ABP President Dr. Ed Plekavich.

Dr. Brent L. Beyak	Dr. Michael D. Litvak
Dr. David R. Cagna	Dr. Marty G. Moon
Dr. Craig W. Conrow	Dr. Steven K. Nelson
Dr. Bryan D. Dye	Dr. Brian C. O'Connell
Dr. C. Weldon Elrod	Dr. Larry Michael Over
Dr. Karl K. Furukawa	Dr. Fonda G. Robinson
Dr. Mark C. Hutten	Dr. Dimitri Svirsky
Dr. Michael W. Johnson	Dr. Farhad F. Vahidi
Dr. Chotiros Kuphasuk	Dr. Jose J. Villalobos
Dr. Todd Howard Lerner	Dr. Gerald K. Wong
Dr. James J. Lin	

## Private Practice Workshop 2000

The Private Practice Workshop Subcommittee is working on a program for the Annual Session in Hawaii. Several private practice prosthodontists were contacted in an attempt to gather information to better address the needs of the practitioners at future private practice workshops. The following topics were felt to be the most important:

- Attracting new patients to the prosthodontic practice.
- Increasing clinical productivity in a prosthodontic practice.
- Generating referrals from internal sources.
- Implementing business administration for a successful prosthodontic practice.
- Encouraging satisfied patients to attract new patients.

When questioned as to who they would like to hear speak at future private practice workshops, several member prosthodontists suggested having a speaker who has proven to be successful in private practice. A few particular prosthodontists have been identified as potential speakers.

Some of this information will help our Private Practice Subcommittee to develop this year's and future private practice workshops. The next workshop will take place on Wednesday, November 15, 2000, at the Hilton Waikoloa Village on Hawaii's Big Island. The Private Practice Committee hopes to attract the highest quality speakers. Anyone with any suggestions or comments is invited to e-mail Glenn Wolfinger, PITEAM@aol.com or fax 215-643-1149.

# ACP 2000 Annual Session in Hawaii

by Dr. Ana Diaz-Arnold

The big island of Hawaii is the site of our next Annual Session, November 15-18, 2000. The serene oceanfront setting offers a unique opportunity for professional development, as well as a special place to be shared with your family and staff.

"The Annual Session Committee recognizes that the specialty of Prosthodontics has evolved dramatically. Prosthodontists are the leaders of restorative dentistry and the Annual Session in Hawaii has been designed to better meet the needs and suggestions of our participants," said Dr. Ana Diaz-Arnold, Program Chair. The meeting theme, "Prosthodontic Perspectives in Paradise," will feature leading clinicians to provide an excellent overview of the scope of our practice. "We have plans to deliver the most comprehensive continuing education to date in clinical prosthodontics," said Dr. Diaz-Arnold.

As per your requests, the Limited Attendance sessions will offer a hands-on course showcasing magnification for esthetics, led by Drs. Cheryl Sheets and Jacinthe Pacquette. In other Limited Attendance sessions, Dr. Steven Eckert will troubleshoot the

malaligned implant and Dr. Tony Daher will discuss cost-effective complete dentures. Seminars in financial planning by Dr. Patrick Naylor and personal enrichment and professional growth by Ms. Cathy Jameson will appeal to all dentists, as well as to spouses and office staff.

The plenary session will feature the interdisciplinary expertise of Dr. Vincent Kokich, the internationally acclaimed ceramics of Mr. Claude Sieber, and a demographic study of the future of our specialty by Dr. Ted Jacobson. Concurrent sessions in dental materials, fixed and removable prosthodontics, and implant and esthetic reconstructions will feature an array of more than 40 distinguished clinicians, including: Drs. Raymond Bertolotti, Van Haywood, Harold Litvak, Peter Nordland, Peter Moy, Maurice Salama, Geoff Sheen, Robert Winter and Peter Wohrle. The dentist-technician dynamic duo of Dr. Steven Aquilino and Mr. Todd Fridrich, CDT, will highlight the synergism between clinician and laboratory to enhance predictability of prosthodontic outcomes. The "Perspectives in Head and Neck Treatment" session will bring

together speakers in the fields of endodontics, oral surgery, pharmacology, and law to share their unique perspectives in the delivery of optimal patient care. All sessions aim to be fresh, informative, and clinically relevant.

"We have not taken the location for granted, so the timing of the presentations has been carefully designed, allowing time to experience the recreational opportunities special to this lovely island" states Ms. Marcella Grigaliunas, ACP Meeting Planner. The Hilton Waikoloa Village Resort is an incredible property offering a multitude of restaurants, water activities, exciting attractions, and spectacular scenery to be enjoyed by all. Planned events include mountain biking, golf, deep-sea fishing, helicopter tours and a luau. The Kohala Spa is a 25,000 sq. ft. full-service facility designed to promote health and well-being. Children will enjoy swimming among dolphins in DolphinQuest, a one-of-a-kind educational encounter. We encourage you to bring your spouse, children, extended family and all of your staff to experience this Paradise. This is a meeting you will not want to miss! You deserve the trip. Aloha!

## ADA IN HAWAII by Dr. Thomas J. McGarry

The burden of attending the ADA meeting in Hawaii fell heavily on the shoulders of the ACP officers. Perhaps the greatest challenge of the whole trip, however, was having to watch Past President John Burton learn to surf.

The critical issue at the ADA House of Delegates this year was the application for 3 new specialties – Anesthesiology, Oral Medicine and Oral and Maxillofacial Radiology. The ACP, through its delegation, gave reference committee testimony opposing each of these applications based on the opinion that their applications did not demonstrate the criteria for need or the criteria for the necessary resources to establish and maintain a specialty. A key resource issue is that there are currently between 350 and 400 unfilled faculty positions in U.S. dental schools. In addition, other than Orthodontics and Endodontics, the remaining specialties are not able to fill the residency positions currently available in their specialty programs. Dentistry cannot support the existing specialties, much less create new ones with particularly limited scopes. Despite these many concerns, the House of Delegates of the ADA did approve a new specialty of Oral and Maxillofacial Radiology but it did reject for the third time the application by Anesthesia, and the application by Oral Medicine.

The lack of dental school faculty, both predoctoral and postdoctoral,

is becoming a major focus of organized dentistry. This issue is on the ADA agenda, the AADS agenda, and the Dental Specialties Group agenda. In addition, as cited earlier, most of the specialties are having trouble recruiting students for graduate training. If you can be a positive influence on a student to consider prosthodontics, please make the effort. The specialty must have its share of the best and brightest students to further the advancement of prosthodontics.

The ACP sponsored a reception for the incoming ADA President, Dr. Richard Mascola, an ACP member. The other specialties were invited to meet with Dr. Mascola at this reception, which was a great event for the ACP. As ADA President, Dr. Mascola supports the mission of the specialty. Of course, his message to the specialty was that every member of the ACP should be active in their local dental society so that when issues arise that could affect the specialty, we can garner the necessary support in the ADA House of Delegates. Make sure that you know your ADA trustee and that he knows you and your concerns!

Dr. Mascola has honored the ACP since the ADA Annual Session in Hawaii by appointing an ACP member to the ADA Future of Dentistry Task Force. This prestigious appointment will allow the ACP to participate fully in the creation of the ADA's vision of the Future of Dentistry. If possible, thank Dr. Mascola for his support.

### The Big Island of Hawaii — Not the Same as Honolulu

The Island of Hawaii is the largest island in the Hawaiian chain, which consists of 8 islands: Kauai, Nuhau, Oahu (Honolulu), Molokai, Maui, Lanai, Kahoolawe and Hawaii. The ACP 2000 Annual Session is on the Big Island of Hawaii, which is far different from the Honolulu experience. Outside of the continuously erupting volcano, the Big Island of Hawaii includes rainforests, waterfalls, tropical beaches with black sand, deep-sea fishing, snorkeling, scuba diving, snow-capped peaks and that delicious Kona Coffee. It will be a balmy 85 degrees for our conference dates in November, and you can look forward to a wonderful experience. The Big Island has such a diversity of natural wonders and activities, and perfect climate; and the Hilton Waikoloa Village offers exceptional accommodations. **Remember – when arranging your travel plans to The Big Island, attendees fly into the Kona Coast, Keahole-Kona International Airport.** It is then a quick 20 minutes to the Hilton Waikoloa Village. The flight into Kona is less than one hour from Honolulu (Oahu), and one can fly directly into Kona from Los Angeles or San Francisco. United, American and Hawaiian Airlines all offer this connection. Please contact Premier Travel for your flight arrangements at 800-274-8506. Hotel accommodations can be made after February 15, 2000, and the rate will range from \$198.00-\$292.00 depending on your choice of views. Look for more information in the registration brochure, which will be out in March 2000. For any additional questions please contact Marcella Grigaliunas, Director of Meetings & Programs, at 312-573-1260.

### AAMP and ICMP Announce World Conference

The American Academy of Maxillofacial Prosthetics (AAMP) is pleased to announce its 48th Annual Meeting, to be held jointly with the International Congress of Maxillofacial Prosthetics (ICMP). The meeting will take place November 10-14, 2000 (immediately preceding the ACP Annual Session), on the Garden Isle of Kauai at the beautiful Marriott Resort and Beach Club. Kauai is just a short shuttle flight to Hawaii, the Big Island.

Dr. Jonathan P. Wiens, the President of AAMP, and Dr. Ian Zlotow, President of ICMP, extend an open invitation to the mem-

bers of the College to attend the World Conference on Maxillofacial Prosthetics. For more information, contact meeting planner Eben Yancey, RES, Inc., P.O. Box 99119, San Diego, CA 92169-1119, 858-272-1018, fax 858-272-7687, e-mail res-inc@msn.com

College members who are not members of either the AAMP or the ICMP will receive a discount voucher of \$100 that may be applied to their Non-Member registration fee. Additional information will be reported in the next issue of *The ACP Messenger*.

### Call for Table Clinic Presentations

The American College of Prosthodontists Annual Session

November 15-18, 2000

(Hilton Waikoloa Village, Waikoloa, HI)

Table Clinics Session:  
Thursday, November 16  
12:15 to 2:30 p.m.

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

No Slide Projectors Allowed

Application Deadline: July 15, 2000

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

## House of Delegates Comes of Age

by Dr. Kenneth Kent

The 1999 ACP House of Delegates, meeting in the stimulating surroundings of New York City, conducted an impressive array of business. Landmark decisions were made by the House as it adopted a complete Bylaws revision and provided direction to the ACP Board of Directors and specific committees regarding activities to be completed prior to the next House of Delegates session in Hawaii. Meetings of three individual reference committees and a separate meeting of section representatives laid the groundwork for successfully completing an active agenda, which included a wealth of new business.

After detailed discussion of controversial issues, delegates indicated a willingness to make decisions and provide direction for the American College of Prosthodontists in the new Millennium. In addition to approving the establishment of a new section in Mississippi, the House adopted a revision of our ACP Bylaws into a more streamlined and concise document. (The 1999 Revised Bylaws for the American College of Prosthodontists and complete minutes of the 1999 House of Delegates sessions are included as an insert with this issue of the *Messenger*.) The House approved separation of the ACP Policies from the ACP Bylaws and approved a mechanism for the Board of Directors to review and revise these Policies. The Policy revisions will be presented and approved at the next House of Delegates.

The Delegates also mandated the establishment of brainstorming sessions focused on developing and strengthening our sections, as well as the development of new and improved methods of financial interaction for the sections. The Membership Services Division was directed to support all sections in complying with the Bylaw-mandated credentialing and re-certification process. The Board of Directors was

mandated to review section dues collection processes and provide recommendation for modification of these processes to the next House of Delegates. In addition to the approval of the proposed ACP budget for the year 2000 and the continued funding of the project "Just the Facts," a \$20 dues increase for all dues-paying members was implemented. The qualifications for life membership were also modified.

Delegates decided that a summary of the minutes of each Board of Directors meeting highlighting action items of the Board and recent College activities will be forwarded to all Section Officers, Delegates and Alternates. In an ongoing effort to improve effective utilization of the Internet, the Central Office staff was mandated to study the logistics and costs of maintaining a Web page for each section.

The Delegates, on behalf of the entire College membership, expressed their appreciation to Dr. Tom Taylor and Ms. Marcella Grigaliunas for their successful efforts at maintaining continuity at our Central Office during the recent period of transition. Without their stellar efforts, our successful meeting in New York could not have taken place. Delegates also expressed their appreciation for the efforts of our prior Director of Membership and Sections, Mary Kaszubowski, and welcomed her replacement, Colleen Ryan.

The Speaker of the House of Delegates, Dr. Kenneth Kent, and Vice-Speaker, Dr. John Ivanhoe, appreciate the efforts of all the Delegates and Alternate Delegates who took part in the 1999 House of Delegates Meeting and look forward to welcoming all Delegates, Alternates and interested members at the 2000 House of Delegates Meeting in Hawaii.

## Eckert Selected as Co-Basic Science Section Editor



Steven E. Eckert,  
DDS, MS

The Editorial Board of the *Journal of Prosthodontics* is pleased to announce that Dr. Steven E. Eckert has been selected to be the new co-editor for the Basic Science Research Section. Dr. Eckert joined the Section's other editor, Dr. Kent L. Knoernschild, who has served the *Journal* since 1997.

Dr. Eckert is a Consultant in Prosthodontics at the Mayo Clinic, where he is Graduate Prosthodontics Program Director. His research interests and publications involve a variety of topics relating to implant prosthodontics, including assessments of bone regeneration techniques, comparative evaluations of different implant systems in animal models, and survival rates of implants in partially edentulous patients.

"Dr. Eckert brings a wealth of experience to the *JP*," commented Dr. Patrick M. Lloyd, Editor-in-Chief. "As a respected clinician, a proven researcher, and an accomplished author, I anticipate that he will make significant contributions to the *Journal*, both as a section editor and a member of the Board."

The position of co-editor for the Basic Science Section of the *JP* was added to the Editorial Board because of the increasing volume of research manuscripts submitted for publication consideration. By having two assigned section editors, the *Journal* will be able to continue to offer authors an expeditious and thorough review of their articles.

## Long-Term Care Insurance

by Richard F. Fehrs, CLU  
President, Treloar and Heisel, Inc.

This article will address questions an individual may have regarding long-term care insurance.

**Question #1** Will the government pay for long-term care needs?

It is highly unlikely that the government will ever pay for this need. Many believe that Medicare will pay for long-term care needs. Medicare covers you if you are over 65, have been hospitalized for three days, and are receiving skilled nursing care. It will then pay some portion of the expenses for the first 100 days. Thereafter, it pays nothing.

The other government program is Medicaid, which will pay a percentage of nursing home stays. However, to be eligible, your assets must be minimal and you must no longer be independent.

**Question #2** Will I really need long-term care insurance?

The risk is extremely high, as approximately 50 percent of individuals over age 65 will spend some time in a nursing home. Compared to other risks, this is an extremely strong potential loss.

**Question #3** Should I wait until I retire?

Our experience is that most people under age 60 will qualify for benefits, as long-term care insurance plans are based upon age and health. Over age 60, health conditions deteriorate and premiums escalate rapidly. In addition, those who are under age 50 have more flexibility in the selection of plans available. The opportunity to select paid-up plans is more realistic from a premium paying analysis and more benefits are likely to be available.

**Question #4** What services do long-term care policies cover?

Most policies will pay for various options of care such as home care, adult daycare, nursing home, and assisted-living facilities. Long-term care insurance with various options could assist you in staying out of a nursing home. I truly believe most people would prefer this option.

**Question #5** How does my health affect my ability to purchase a policy?

One must be in reasonably good health; companies will vary on providing insurance to the unhealthy. Progressive conditions are usually uninsurable, but I would advise that you inquire for analysis of your situation.

**Question #6** Why all the discussion on long-term care insurance in the 90's?

I believe the public finally understands that there are no government programs providing benefits for nursing homes. Also, we are seeing the demand escalate due to longer life expectancies, and are seeing our own families affected.

**Question #7** How much do long-term care services cost?

The average cost for one year in a nursing home is approximately \$40,000 nationally, and can reach as high as \$100,000 in major cities. These costs could escalate with the "baby boomers" becoming "senior boomers."

**Question #8** Can long-term care premiums be increased?

Most long-term care policies are guaranteed-renewable contracts, which do not allow the contract to be cancelled by the insurance company. However, the premiums could be increased if the experience of the company deteriorates and is actuarially necessary. However, please understand that you cannot be singled out for a premium increase, as it has to be accomplished through an entire classification of policyholders.

**Question #9** Is it possible to buy a paid-up policy?

Yes, some companies have begun to offer the ability to pay premiums over a limit of time such as 5, 10, or 20 years. Also, single-pay policies are available. I want to stress the paid-up policy option, as I think it is of tremendous importance. This is also another reason to purchase long-term care insurance at a younger age. For example, a preferred non-smoker, with a cost-of-living benefit, \$200 per day lifetime nursing home, and \$100 per day home and community policy, with a 90-day elimination period could cost a couple age 55 approximately \$4,000 annually for a 10-pay period. However, at age 65, the policy is paid-up and no additional premiums are required. Therefore, one does not have to be concerned about the possibility of premium increases or premium paying in the retirement years.

**Question #10** Are premiums deductible?

Premiums for a qualified long-term care policy will be treated as medical expenses under the itemized deduction rules. The individual may combine other reimbursed medical expenses and deduct a portion that exceeds 7.5% of adjusted gross income.

However, the total premium is deductible for C-Corporations, as long-term care is considered accident and health insurance. For the professional operating as a C-Corporation, this provides a tremendous opportunity for the selection of a paid-up plan.

I have listed only a few questions and various answers regarding long-term care insurance. Your Treloar and Heisel, Inc., representative can provide you with more details and more premium information. Contact us by calling our office at 800-345-6040 or e-mail us at [info@treloarandheisel.com](mailto:info@treloarandheisel.com)



# Interview with Gordon J. Christensen, DDS, MSD, PhD

by Dr. Larry Over

*What are your thoughts regarding the future and viability of the specialty of prosthodontics over the next 20 years?*

Prosthodontics: fixed, removable partial, implant, and maxillofacial, will grow significantly in the next 20 years. With the aging population and the continued retention of more teeth, these areas will grow in need, demand, and complexity. Removable complete prosthodontics will decrease somewhat because of reductions in edentulous persons, better preventive methods, and increased patient education about the value of teeth.

*What suggestions would you have in promoting and strengthening the future of the specialty?*

Recruit more dental students into graduate prosthodontics by using directed attractive public relations programs in dental schools, and financially and technically successful prosthodontists to help recruit dental students into prosthodontics. Make prosthodontics more attractive to potential recruits by emphasizing private practice and lifestyle rather than academics and research. Our specialty has a stodgy, serious, lackluster image. Get some "poster boys and girls" from our successful prosthodontist groups and use them in national PR programs.

*What can the specialty do to strengthen referral patterns coming from general dentists?*

Have a PR campaign with general dentists, emphasizing the ability of prosthodontists to help them solve difficult challenges, such as edentulous cases with poor bone, clefts, implants, debilitated persons, etc. Reduce the image that implies we are puckered-up, critical, non-approachable, introverted persons who are not willing to help our general colleagues.

*How big of a concern do you believe denturism is for the specialty?*

Denturism is a reality. We need to work with these people to upgrade and control their activity in the small area of prosthodontics in which they are involved. I have always been liberal in expanded duty auxiliaries. I currently work with expanded duty technicians in fixed and removable prosthodontics (in-house).

*You are in favor of prosthodontists placing their own implant fixtures. Do you feel this has a detrimental effect on referrals from periodontists and oral surgeons?*

I place more than 60% of my own implants and refer the remainder. I still have referrals from all surgical specialties because I emphasize to my surgical colleagues that my doing some surgery makes me a better prosthodontist. In my opinion, a prosthodontist not placing at least some implants is similar to a car manufacturer who makes the car body only and doesn't make the car frame. We need to have an overall understanding of the total challenge, not just our portion. I feel oral surgeons have the ability to do some complex implant surgical procedures better than periodontists and prosthodontists. Periodontists can do some esthetically-oriented implant procedures better than oral surgeons or prosthodontists, and prosthodontists can do some prosthodontically complex implant surgery better than periodontists and oral surgeons. In my opinion, all three groups are needed for the surgical aspects of implants. After many years of doing implant surgery, I would not consider returning to the prosthodontic aspects only.

*What areas within our specialty do you feel need revising to reflect current research and new treatment modalities?*

Many techniques in prosthodontic dogma were old in 1960. We need a total updating of all areas of academic prosthodontics. In continuing education programs, I evaluate many new dental graduates each year. Many of the procedures they have been taught in school need to be revised or replaced as they enter practice, to allow financial and clinical success.

*What do you feel is the biggest threat to the future of our specialty?*

Our greatest threats in my opinion are: less-than-adequate PR with other dentists, lack of public education about prosthodontics, our own fears and worries, our lack of keeping prosthodontics up-to-date, and the low esteem of some prosthodontists. Prosthodontics has an enormous growth and need expectation. The procedures in our area could become the largest position of dentistry. Currently, fixed prosthodontics accounts for about 1/3 of the money spent by patients on dentistry in the U.S. We need to aggressively educate the public and dental students about the need for our

specialty, the desirable nature of the specialty to patients and dentists, and the attractiveness of the field to dentists and their families.

*What do you feel is the biggest opportunity for the future of our specialty?*

The increase in fixed and implant prosthodontics will dominate our specialty in the upcoming years. Let's educate the public on what we can do and how our specialty can change their lives positively.

*How did you get involved with clinical research to the level that you have today with your research facility?*

I felt the strong need for unbiased, practical, practice-oriented, non-profit research to aid practitioners, when Clinical Research Associates was initiated in 1976 by my wife (Dr. Rella Christensen) and myself. Rapid evaluation of new products was non-existent and there were far fewer products then. Now there are more products, more hype, more commercial competition, and some evaluating groups and individuals who make a living from their evaluations. Practitioners need guidance and it appears to be necessary to have that guidance come from private volunteer organizations to provide timely, non-biased, useful information before the research is out of date. In summary, the need was obviously there in 1976 and it is more present today by far.

*Can our specialty achieve the same referral recognition from general dentists that periodontists, endodontists, and oral surgeons enjoy today?*

Yes! Much of the positive recognition we now have has come from a few visible prosthodontists who have high self-esteem and who project the image of clinical and financial success with a research and teaching foundation. We need to encourage more participation by these types of prosthodontic leaders in the national and international clinical and political arena to change our image and influence more referrals from other specialists and generalists.

In my opinion, the following statements are facts that will continue to be a positive influence for prosthodontists:

- Prosthodontics is important, broad, deep, and is a specialty.
- Oral surgeons and periodontists recognize the clinical difference competent prosthodontists bring to their practices.
- Plastic surgeons and ENTs also recognize the value of prosthodontics.
- General dentists who need help call on us.
- Patients treated by us refer others to prosthodontists.
- We are necessary!

BUT

- Our members often have low self-esteem.
- We put ourselves down.
- Some prosthodontists are critical of their general colleagues.
- We need to promote ourselves more as essential, successful, but open and helpful specialists.
- We need to become more efficient and productive. Some prosthodontists have extremely low incomes, while others are in the top level of income for the profession. Let's emphasize success!

I would sum it up in a few words: We are great – but we don't know it and we don't tell others enough!

Have we developed better methods to evaluate our crown and inlay margins since the method you described in your classic 1966 paper?

In the 1960s, margins on gold inlays were a highly pertinent topic, because cements were relatively soluble and subsequent caries was encouraged by open margins. Today the most used cement in the U.S. is hybrid ionomer, which is almost insoluble in mouth fluids; or resin, which is insoluble in mouth fluids. Therefore, the topic is less critical.

Electron microscopy and other methods have significantly increased our ability to access margins.

In summary, prosthodontics is a highly essential specialty! It needs more aggressive PR, excited and successful practitioners, integration with other specialties, help and acceptance of general practitioners, promotion to the public, and more outgoing, socially capable, financially successful, research-based practitioners.

*It can and will be done, but not without immediate and directed attention.*

## JP Introduces Section on Dental Instrumentation

A new Section on Dental Instrumentation was introduced in the September issue of the *Journal of Prosthodontics*. It will be a more focused section than others in the *Journal*, dealing exclusively with dental articulators and related instruments.

Dr. Edgar Starcke, of the Houston Dental Branch of the University of Texas Health Science Center, is serving as the Section Editor for the newest addition to the *Journal*. Dr. Starcke has had a long professional interest in dental articulators and related technologies. As Graduate Prosthodontic Program Director at the Houston VA Medical Center for more than two decades, he has shared his thoughts on dental instrumentation as it relates to the specialty of prosthodontics. Articles in the



Edgar N. Starcke, DDS

instrumentation.

"I was so pleased to have an opportunity to join the Editorial Board of the *JP* so that I could share this information with prosthodontists,"

section initially will feature instruments from the University of Texas Dental Branch collection. Along with photographs of the instruments and illustrations from the collection, Dr. Starcke's historical narratives will document how the profession has refined its use of articulators and related dental

Dr. Starcke said. "I believe that we all need to be aware of how articulators and related instrumentation have developed over the years so that we can better appreciate the systems available today."

Initial articles in this section of the *Journal* will be authored by Dr. Starcke, who will introduce readers to the earliest information on the development and refinement of dental instrumentation. As he brings us closer to systems that are in use today, he will solicit others for their insights and viewpoints.

The Editorial Board of the *JP* wishes to acknowledge and express appreciation to the Teledyne-Hanau Company for supporting this new section of the *Journal*.

# 1999 ADA House of Delegates Recognition of a New Dental Specialty: Oral and Maxillofacial Radiology

The following information has been prepared to describe the procedures and events required to complete the process for establishing oral and maxillofacial radiology as a newly recognized special area of dental practice.

## 1. What next?

The 1999 ADA House of Delegates' approval of oral and maxillofacial radiology as a newly recognized area of special practice is the first step in a series of events that must occur before any dentist will be eligible to announce as "a specialist in" oral and maxillofacial radiology in accordance with the ADA *Principles of Ethics and Code of Professional Conduct*.

The following events must occur:

- A. recognition of a certifying board by the Council on Dental Education and Licensure (CDEL);
- B. the recognized certifying board may petition the CDEL to waive the formal education requirements for a designated period of time (grandfathering procedure). Based on specific qualifications to be established by the certifying board, these individuals would be declared eligible to apply for examination;
- C. approval of a definition of oral and maxillofacial radiology in accordance with the CDEL's established procedure for approval of a definition of a dental specialty;
- D. establishment of an accreditation process by the Commission on Dental Accreditation for evaluation of advanced specialty education training programs of two years or more in length in oral and maxillofacial radiology.

## 2. How long is it likely to take before everything is in place for an individual to announce as a specialist in oral and maxillofacial radiology?

There is no simple answer to this question. Individuals who are currently diplomates of the specialty certifying board will be able to announce as a specialist when the certifying board has received recognition from the CDEL. Individuals who qualify to apply for the certification under the terms of any period of waiver of formal education requirements will be able to apply to the certifying board when the CDEL has approved the certifying board's petition for a waiver (grandfathering procedure). See question 4 for additional details.

## 3. Who will be able to announce as an oral and maxillofacial radiology specialist?

Individuals are eligible to announce as "a specialist in" or "practice limited to" oral and maxillofacial radiology in accordance with the following General

Standards of the ADA *Principles of Ethics and Code of Professional Conduct*.

The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area of practice and appropriate certifying board must be approved by the American Dental Association.
  2. Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
  3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.
- ## 4. How soon can a certifying board for a newly designated specialty submit an application to the CDEL for recognition of its certifying board?

The certifying board for the special area of practice could submit an application for the recognition of the certifying board to the CDEL for consideration at its April 2000 meeting. The application must demonstrate that the House-approved *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* have been met. The CDEL has responsibility, as assigned under its duties in the *Bylaws*, for the recognition of a dental specialty certifying board. Additional House of Delegates approval of a specialty certifying board is not required. The application for recognition of a specialty certifying board will go through two levels of review. It will be reviewed by the Council's Standing Committee on Specialty Recognition (Committee G) and it will be reviewed by the Council. The Council will inform the House of Delegates in its Annual Report with an informational report of any actions it has taken with regard to consideration of an application for approval of a certifying board.

The *Requirements* allow the founding certifying board to petition the Council for **permission to waive the formal education requirements for candidates who apply for examination (grandfathering procedure)**. The application for recognition of a certifying board can include the petition for waiver or a petition for waiver can be made after the certifying board has been

approved. This means that the certifying board may propose to the Council the qualifications of individuals who they believe should be declared eligible to sit for the specialty board examination. This group of individuals would be comprised of those who were **not** "educationally qualified" (had not completed an accredited advanced specialty education program of two or more years in length in the designated specialty). The petition for waiver would also be expected to describe the period of time for which the waiver was being requested (e.g., 5 years, 10 years). In accordance with the *Requirements*, when a waiver is granted, the provisions of the waiver will be reported to the House of Delegates in the Annual Report of the Council.

## 5. Are these procedures for the recognition of a certifying board and approval of a waiver consistent with what happened when other specialties were recognized?

The procedures as described in this document are consistent with the procedures followed for the currently recognized specialty certifying boards. The last specialty certifying board recognized by the ADA was the American Board of Endodontics (ABE). The specialty of endodontics was recognized in 1963; the ABE was recognized by the CDEL in 1964.

## 6. How soon can the Commission on Dental Accreditation begin accrediting the advanced specialty education programs in a newly recognized specialty?

It is anticipated that this process can begin in January 2000 with the appointment of a representative to the Board of Commissioners to represent the specialty of oral and maxillofacial radiology and the appointment of four individuals who, along with the oral and maxillofacial radiology Commissioner will comprise the Oral and Maxillofacial Radiology Education Review Committee. The Oral and Maxillofacial Radiology Review Committee will draft the accreditation standards for advanced specialty education programs in oral and maxillofacial radiology—possibly for the Commission's initial consideration at its January or July 2000 meetings. The Commission must establish accreditation standards for the newly recognized dental specialty before it can begin to accredit training programs in this area.

When accreditation standards have been approved, the Commission can receive applications for accreditation and begin to accredit programs in the new specialty. For information regarding the accreditation of advanced specialty oral and maxillofacial radiology programs, please contact Ms. Rosemary Monehen, manager, Advanced Specialty Education at 800-621-8099, extension 2672.

**Summary:** The 1999 ADA House of Delegates approved a new special area of dental practice: oral and maxillofacial radiology. A number of events must occur before any dentist will be eligible to announce his or her status as a specialist in oral and maxillofacial radiology. Information describing these events will be made available to officers and members of the Board of Trustees, members of the CDEL and ADA staff, and to individuals with questions regarding the process.

**Individuals** who wish to announce in the specialty **must:**

1. by one of three routes:
  - a. qualify as a diplomate of the ADA-recognized specialty;
  - b. qualify for the certifying board examination by virtue of the waiver established by the certifying board and approved by the CDEL and must successfully complete the examination process and become a diplomate of the specialty certifying board. (**NOTE:** The waiver will expire at a specified time to be agreed upon by the CDEL. Thereafter, individuals can announce as "a specialist in" only if they meet requirements a. and c.);
  - c. become "educationally qualified" in the specialty by having completed an accredited advanced education training program in the recognized dental specialty.
2. limit their practice to the specialty.

## Questions?

The CDEL is committed to keeping all interested parties informed as to the progress on the establishment of this new special area of practice. Periodic updates will be provided through ADA publications, ADA Online and specific CDEL mailings to the broad communities of interest. If there are questions, contact the CDEL by using the ADA toll free number: 800-621-8099, extension 2698.

## End-of-Year Financial Planning

by Richard F. Fehrs, CLU, President, Treloar and Heisel, Inc.

This article will provide some considerations for your end-of-year financial planning. I will concentrate on three areas of insurance that should be evaluated during this period.

The purchase of non-cancellable disability income insurance is always a consideration at this time, with a new evaluation of income and family needs. Treloar and Heisel, Inc., is also providing a new idea in disability insurance planning that provides dental specialists with disability protection for their pension and 401(k) plans. Known as retirement disability insurance, it protects the retirement nest egg of the specialist should he or she become disabled before age 65. This individual not only suffers the lost opportunity of earning income, but also contributions to their retirement plans. Few companies offer this plan, which may prove to be a valuable addition to your benefit planning.

Long-term care insurance continues to receive substantial attention and is becoming a necessary component in an individual's planning. According to the United States Department of Health and Human Services, about 40% of people age 65 will enter a nursing home. A long-term care policy will protect and help you to:

- maintain your independence
- preserve your assets
- ensure your family's well-being

Coverage areas to check when selecting a plan should be as follows:

- qualified plan
- guaranteed renewable
- flexible benefit triggers inflation rider
- broad coverage (nursing home, home care, etc.)
- benefits for all levels of care
- selection of benefit duration
- variable daily benefits available

Also, premiums can be deductible for C-Corporations and other entities and individuals under certain limitations. Consult your tax professional for your own situation.

While no one can predict the impact of the impending "Triple X" regulation on the life insurance industry, it is likely that today's current long-term guarantees at low premiums will soon be taking their final bow. The valuation of "Triple X" life insurance policies regulation will require users to increase reserves to back long-term guarantees. This additional reserving requirement, effective for policies issued on or after January 1, 2000, is likely to result in the elimination of long-term guarantees or in substantial increases in premiums.

Treloar and Heisel, Inc., has plans available for the above-mentioned programs and can help you in your end-of-year financial planning. It appears that substantial savings may be accomplished, and additional plans of insurance are available in areas not protected in the past.

For more information, please call your sales representative or our central office a 800-345-6040 or contact us at info@treloarandheisel.com

## MEMBERS IN THE NEWS

Dr. S. George Colt, ended his tenure as President of The American Academy of Dental Science (AADS) on April 7, 1999, at the organization's annual Spice Night celebration at the Harvard Club in Boston. The AADS, the first national honor society in the world for dentists, was established in 1867. Its meetings include both scientific and social programs. The guest speaker at the 1999 Spice Night meeting was noted chef and author Jasper White.



Dr. George S. Colt (right) with Jasper White.



Dr. Thomas J. McGarry

Dr. Thomas J. McGarry, has been appointed to the ADA's Future of Dentistry Oversight Committee. Dr. McGarry, President-Elect of the ACP and a Diplomate of the American

Board of Prosthodontics, chairs the College's subcommittees for the Prosthodontic Classification System and Parameters of Care; he also is Editor-In-Chief of *The ACP Messenger*. Dr. McGarry maintains a full-time private prosthodontic practice in Oklahoma City.



Dr. Glenn J. Wolfinger

Dr. Glenn J. Wolfinger, a partner with the Fort Washington, PA, practice of Prosthodontics Intermedica, recently presented the practice's 5-year results of its ongoing clinical study on the "immediate loading" of dental implants, in Goteborg, Sweden. Dr. Wolfinger noted that more than 80% of the practice's "immediately loaded implants" achieved full osseointegration. Dr. Wolfinger and his partner, Dr. Thomas J. Balshi, both Diplomates of the American Board of Prosthodontics, are pioneers in the concept of immediate loading.

## 2001 AND BEYOND

The American Association of Orthodontists, in partnership with the American College of Prosthodontists, American Academy of Periodontology, the American Academy of Pediatric Dentists and the Academy of General Dentistry, is coordinating a conference on interdisciplinary treatment of all aspects of dentistry. Planned lecture topics include congenitally missing teeth, hopeless teeth, implant-assisted therapies for partial edentulism, and craniofacial anomalies, to list a few. This landmark event is scheduled for the summer of 2001 in St. Louis. Dr. Jonathan Ferencz is the ACP liaison who has helped create the scientific program in conjunction with all the participating groups. This program will concentrate on the necessity of a team approach and coordinated treatment to best solve our patients' problems. Attendance at this meeting by ACP members will give the specialty the maximum exposure possible and provide many opportunities to interact with colleagues of many different backgrounds. Outstanding attendance by ACP members will benefit not only themselves and the specialty, but, most importantly, it will benefit the patients we care for by elevating our knowledge beyond prosthodontics. Mark your calendar!

## 2000 Calendar of Events

## March

- 9-11 Academy of Osseointegration Meeting, New Orleans, LA  
28-31 American Association of Endodontists Meeting, Honolulu, HI

## April

- 1-5 American Association of Dental Schools Meeting, Washington, DC

## May

- 17-22 Academy of Prosthodontics Meeting, Quebec, Canada

## June

- 28-July 1 Pacific Coast Society of Prosthodontists Meeting, Seattle WA

## September

- 17-20 American Academy of Periodontology Meeting, Honolulu, HI  
20-24 American Association of Oral & Maxillofacial Surgeons Meeting, San Francisco, CA

## October

- 14-18 ADA Annual Meeting, Chicago, IL

## 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) 573-8791  
E-mail Address: [acp@prosthodontics.org](mailto:acp@prosthodontics.org)

Editor-in-Chief  
Thomas J. McGarry  
4320 McAuley Blvd.  
Oklahoma City, OK 73120  
(405) 755-7777  
FAX (405) 755-7169  
E-mail Address:  
[mcgarry@qns.com](mailto:mcgarry@qns.com)

Design  
Publications Associates, Inc.

Production  
United Letter

© Copyright 2000  
The American College of Prosthodontists  
All Rights Reserved ISSN 0736-346X

## CLASSIFIED ADVERTISEMENTS

## PRACTICES FOR SALE

Colorado-Denver Southeast Suburb. Prosthodontic practice for sale. Gross \$800k. Doctor retiring. Contact: Peter Mirabito, DDS. Precise Consultants, 1-800-307-2537.

## EMPLOYMENT OPPORTUNITIES

## Director, Dental Implant Center

The University of Medicine and Dentistry of New Jersey - New Jersey Dental School invites applications for a full-time position in the Department of Prosthodontics and Biomaterials as Director of the Dental Implant Center.

The selected candidate will focus on developing and directing implant education, research, and patient care initiatives in the school's postdoctoral, predoctoral and Continuing Education programs. Responsibilities will include teaching at the postdoctoral and predoctoral level, directing patient care and participation in the faculty practice. Candidates must possess a DDS/DMD degree from an accredited institution, have completed graduate training in prosthodontics and have a record of administrative and teaching experience. It is preferred that the candidate be a Diplomate of The American Board of Prosthodontics, with evidence of clinical experience with dental implants.

Salary and academic rank will be commensurate with experience and qualifications. Review of applications will begin immediately and continue until the position is filled. Qualified applicants should submit a curriculum vitae, and the names and addresses of 3 references to: Richard A. Hesby, DDS, MSD, Professor and Chair, Department of Prosthodontics and Biomaterials, UMDNJ-New Jersey Dental School, 110 Bergen St., Room D-830, Newark, NJ 07103-2400. The UMDNJ is an Affirmative Action/Equal Opportunity Employer, M/F/H/V, and a member of the University Health System of New Jersey.

## Salt Lake City, West

Prosthodontists wanted to own or lease space in the Redwood Dental Specialists building soon to be constructed at the southwest corner of I-215. An endodontist, oral surgeon, orthodontist, periodontist and pedodontist need the expertise of a prosthodontist. There is no prosthodontist on the west side of Salt Lake City. Call Gerald Summerhays, periodontist, evenings, 801-268-4436.

## Palm Desert, California

Full-time associate/partner in established specialty group practice. This is an excellent opportunity for a permanent position in a high-quality professional environment. Please send brief curriculum vitae to Box 1758, Palm Desert CA 92261.

## Columbus, Ohio

The Ohio State University College of Dentistry, Section of Restorative Dentistry, Prosthodontics and Endodontics, is seeking applicants for a full-time clinical track or tenure track position at the assistant/associate professor level in prosthodontics. Excellent collaborative research opportunities are available with active dental materials and clinical research teams. Duties to begin January or July 1, 2000, and include preclinical and clinical teaching. Advanced training in prosthodontics preferred. Applicants must be eligible for licensure in Ohio. An intra-

mural practice opportunity is available for up to one day per week. Salary and rank are set commensurate with the candidate's qualifications and experience. The Ohio State University is an Equal Opportunity/Affirmative Action Employer. Qualified women, minorities, Vietnam-era veterans, disabled veterans and individuals with disabilities are encouraged to apply. Send supporting documents to Dr. Stephen F. Rosenstiel, Chairperson, Section of Restorative Dentistry, Prosthodontics and Endodontics, Postle Hall, 305 W. 12th Avenue, Columbus, OH 43210. Phone: (614) 292-0941 or e-mail: [rosenstiel@osu.edu](mailto:rosenstiel@osu.edu).

## University of Minnesota School of Dentistry

A full-time clinical, tenured, or tenure-track position is available in the Division of Prosthodontics starting January 1, 2000. Responsibilities include clinical and didactic instruction in prosthodontics to predoctoral students. Qualifications for this position include a DDS or DMD degree. Candidates must have completed a MS or certificate program in prosthodontics. A minimum of two years of teaching experience in prosthodontics, or two years in a full-time practice limited to prosthodontics, is desired. In addition, any successful tenured, tenure-track candidate will be expected to develop a strong, independent research program and should have evidence of previous research experience. There is an opportunity for private practice or consulting one day per week. Salary will be commensurate with experience and credentials. Curriculum vitae and letter of intent should be sent to: Dr. Gary Cook, Chair, Search Committee and Department of Restorative Sciences, 9-470 Moos Health Science Tower, 515 Delaware St. S.E., Minneapolis, MN 55455.

Applications accepted until position is filled. The University of Minnesota is an equal opportunity educator and employer.

## In Memoriam

Dwight J. Castleberry, DMD  
December 19, 1926 - March 12, 1999

## ADVERTISING POLICY

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

ACP  
Administrative Coordinator  
211 E. Chicago Ave., Suite 1000  
Chicago, IL 60611  
Phone (312) 573-1260  
Fax (312) 573-8795

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.

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



2000 Annual Session  
November 15-18, 2000  
Hawaii–The Big Island  
Hilton Waikoloa Village

**Annual Session in NYC a Resounding Success**

**New Executive Director Named**

**Classification of Prosthodontic Patients Project**

**9th Specialty Recognized by ADA**

