



Kenneth Kent



Second Research Symposium Scheduled for September

The Second International Symposium on Evidence-Based Dentistry will be held September 19-22, 1997 at the Omni Hotel in Chicago, IL. This year, the Symposium will be co-sponsored by the American College of Prosthodontists and the Editorial Council of the Journal of Prosthetic Dentistry.

The Symposium will introduce the precepts of evidence-based dentistry and the critical appraisal of dental literature. Evidence-based dentistry is the practice of applying scientific scrutiny to that portion of dental literature that is applicable to clinical practice. Dr. David Felton, Chair of the ACP Research Committee, has been instrumental in bringing together the elements of this year's symposium.

Among the objectives of the course are to help participants:

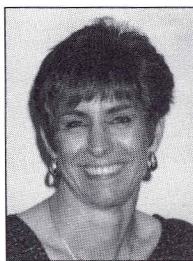
- learn how to determine the validity of published materials
- develop research proposals and prepare manuscripts for publication

- use evidence-based skills to affect the selection of a regimen of care and provide the most effective therapy.

The four-day symposium will consist of a series of short plenary sessions and small group seminars. The program is led by Dr. George Browman, Chair of the Department of Clinical Epidemiology and Biostatistics from McMaster University in Hamilton, Ontario, Canada. The rest of the faculty consists of ten prosthodontic educators who received their training in the principles of evidence-based dentistry during the First Research Symposium sponsored by the ACP in June, 1995.

The registration fee for the Symposium is \$475 for ACP members and \$575 for non-ACP members. Because of the teaching style of this course, attendance is limited. If you would like more information, please call the ACP office at (312) 573-1260. ♦

San Antonio Office Closed



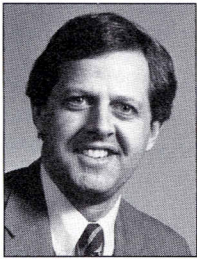
Linda Wallenborn

The American College of Prosthodontists has consolidated all its business operations under one roof at the College's downtown Chicago office in the American Dental Association headquarters building. The ACP office in San Antonio, Texas was closed at the end of December when all the College files and equipment were shipped to Chicago. Regretfully, the closing also brings to an end the long time service of Linda Wallenborn who left the College with the closing of the office in order to remain in Texas.

Ms. Wallenborn began with the College in May, 1980 as Central Office Director. She served as the sole ACP staff person during her first ten years with the College. As ACP Past President Dr. Peter Johnson said, "For many years and for many members, Linda was 'The College.' She was the lubricant that permitted the College to function, and the adhesive that bound it

together." In more than 16 years with the College, she has served 18 presidents, arranged 17 Annual Sessions, and watched the membership grow from 1000 in 1980 to today's 2600 members. In 1993, Ms. Wallenborn was presented with the President's Award for her service to the College.

"During the course of updating the College strategic plan in 1995, the Officers and Board of Directors made the decision to close the San Antonio office following the establishment of the College's permanent headquarters in Chicago earlier that year. Linda was offered the opportunity to relocate to Chicago but decided to stay in Texas," said President John Burton. "I know everyone joins me in thanking Linda for her years of dedicated service and extends their best wishes to Linda as she begins a new career in San Antonio." ♦



Steve Hines

Consumer education, patient referrals, member benefits, strategic partnerships, denturism, managed care, direct reimbursement. These are just a few of the issues, concerns and areas of interest members have identified to me over the

past months. All these items, in addition to many additional prosthodontic issues, are included in the College's recently updated Strategic Plan. Since the ACP Board of Directors' approval of the plan in October, we have initiated action on a number of fronts to address many of the plan's 37 objectives.

Under the leadership of Dr. Peter Johnson, an updated Public and Professional Relations Plan is taking shape. The plan takes a very practical approach to promoting the specialty and recognizes the need for reasonable and appropriate use of outside public relations counsel while ACP staff does most of the nuts and bolts work to minimize College costs.

We are going back to basics and evaluating the effectiveness of the College logo, tag lines, slogans and overall "packaging" of the specialty. Specific action plans are being developed to educate targeted groups about the services offered by prosthodontists. We are exploring the feasibility of offering one day regional seminars on implant marketing, development of member materials to educate existing and potential patients, ways to enhance the image of the specialty with other health care professionals, professionally produced materials to send to potential referring practitioners, generic letters and brochures to send to health care providers.

The ultimate measurement of our success in promoting the specialty will be increased public demand for services from prosthodontists. As we implement the College public relations action plans, we are also preparing to put the 1997 ACP membership roster on our Web Page (<http://www.prosthodontics.org>). More than 30 million Americans have access to the world wide web and every day more and more individuals are "dialing up." Our page is linked to the American Dental Association's page which is receiving about 800 "hits" per day. I am confident, over time, listings on the ACP Web Page will generate new patients for members of the College. In the interim, you can be assured all of us on the ACP staff will continue to provide member lists to prospective patients calling the College office.

As a dental specialty association, we are frequently contacted by product and service provider companies hoping to tap into our membership as prospective customers. All requests are evaluated on their individual merits and, most importantly, the potential benefits afforded individual members and the College as a whole. Agreements may be negotiated and signed only after review and approval by the ACP Board of Directors. Many of the programs generate royalty payments to the College proportionate to the level of College member participation. I encourage everyone to evaluate the value of every College endorsed program since participation could very well be a "win-win" proposition.

Last month, the College finalized arrangements to offer members the opportunity to

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.....

participate in the ACP Credit Card program. In the coming weeks, you will receive details about the program and the benefits of the card. The College will receive royalties for each member signing up as well as income each time the card is used. A great way for us to add more non-dues income to the College budget for investment in our expanded public relations initiatives!

Treloar and Heisel, the College's endorsed insurance company, recently announced the addition of two plans to be offered to our members at a discount. In addition to long-term disability insurance, they are now selling a medical insurance plan for members and their families as well as a turnkey retirement plan. These new products are being provided as a result of the heavy demand from their existing dental clients. They will soon be sending information to ACP members.

Recent ADA survey data reports 3,171 active, licensed prosthodontists reside in the US. That number includes full- and part-time practitioners, full- and part-time faculty as well as prosthodontists serving in the military services. As a relatively small dental specialty and association, it's incumbent upon us to establish strong, working relationships with organizations and individuals sharing related interests and who are

interested in developing partnerships and coalitions to achieve our respective objectives.

Dr. Carl Schuler, Chair of the Professional Liaison Committee, is developing a proactive outreach program to expand the College's contacts and span of influence within the dental community. As the recognized organization for the specialty of prosthodontics, the College is working to place more of our members in leadership positions at the ADA as well as state and local dental societies. Since joining the ACP, I have established many contacts within the ADA, in addition to meeting with executive directors of the other specialty organizations. Everyone has been most gracious in welcoming me and is agreeable to working together whenever appropriate and beneficial. Next month's AAOMS/ACP Midwinter Conference is an excellent example of a partnership and an opportunity to demonstrate the commitment of our membership to the oral surgeons as referring dentists. I'm looking forward to seeing a big ACP turnout and personally welcoming everyone to the conference.

Last month, I represented the College at the ADA Annual Lobbyist Conference where I met dozens of state dental society representatives as well as the ADA federal and state government affairs staff. As you might expect, the list of legislative and regulatory issues across the country is substantial. They include: denturism, direct reimbursement, managed care, ownership of practice, definition of dentistry/scope of practice and many patient/provider protection issues. Many of the issues on the legislative/regulatory plate are of direct concern to our specialty. The better we are positioned in dental leadership at the national, state and local levels, the better our chances of making a significant impact on issues of concern to the specialty. I am confident we can work most effectively with the ADA as well as the state and local dental societies to promote our specialty's agenda.

I want to echo the theme of Dr. John Burton's November, 1996 President's Report which introduced the updated strategic plan and ambitious goals for the College in 1997 and beyond. Dr. Burton closed his report by observing these goals can be achieved with a strong, thriving and growing membership base. He challenged "... each of you to help us achieve the success we aim for by being active members, communicating with your leaders, building strong and active state sections, providing effective grassroots efforts to build and maintain strong membership, and communicating to the public and the profession the value of the specialty services we provide in our practices." ♦

Practice Marketing Seminar Planned for Spring

In an effort to help College members learn more about marketing their practices, the ACP Public Relations Committee is developing a one day regional seminar devoted to implant marketing for prosthodontists. If this first program is well-received, the Committee plans to present the seminar again several times in different regions of the country.

The ACP seminar will differ from other "how to market your practice" programs in that it is being developed by prosthodontists for prosthodontists. The program content will address the unique situations faced by prosthodontists and their staffs. The seminar will help prosthodontists develop a mutually beneficial position between surgical specialists and general dentists, resulting in greater referral of implant patients.

The agenda for the full day program is designed to assist both practitioners and

members of their staffs. The day will begin with a practice management consultant presenting techniques to use in marketing implant restorations. A panel discussion will follow led by the guest speaker and several College members who will share marketing ideas they have used successfully. The panel discussion will be followed by two concurrent break-out sessions; practitioners will move on to case presentations and troubleshooting tips while auxiliary office staff will learn more about marketing the practice.

The first marketing seminar will be presented on the West Coast in late March or April. At press time, plans were still being finalized. ACP members will receive a detailed mailing in the next few weeks. Please call the ACP office for more information. ♦

ACP Research Training Awards

The Research Committee of the ACP is pleased to announce that ASTRA Tech, Inc. of Waltham, MA has generously agreed to sponsor the American College of Prosthodontists Research Training Awards for Pre-Doctoral Dental Students. The purpose of the award is to:

1. Attract highly qualified health profession students to biomedical and behavioral research applicable to prosthodontics.
2. Increase the number of investigators within the field of prosthodontics
3. Interest pre-doctoral dental students in the specialty of prosthodontics

Two \$5,000 grants will be awarded annually for the grant competition to full-time students enrolled in an accredited US dental school. All funds are to be designated as stipend funds. All

applications will be judged by the Research Committee of the ACP on the basis of their merit. In addition, the research mentor must be an active member of the ACP.

For the 1997-98 grant cycle, the deadline for application is September 1, 1997. Notification of selection for an award will be made by October 15, 1997.

For further information and copies of the guidelines for competition, contact:
Dr. David A. Felton, DDS, MS, FACP
Chair, ACP Research Committee
Department of Prosthodontics
UNC School of Dentistry
Room 404 Brauer Hall, CB #7450
Chapel Hill, NC 27599-7450
Fax: (919) 966-3821
e-mail:

DFELTON.DENTCE@MHS.UNC.EDU

House Notes



Kenneth Kent
Speaker of the House

The House of Delegates, as defined in our By-laws, is the governing body of the American College of Prosthodontists. The House is composed of elected representatives from each section. Our sections are therefore the true governance

of the ACP. Each section must become as strong as possible, and be a true representation of its membership.

Delegates and alternates for the 1997 session of the House of Delegates in Orlando must be elected as soon as possible. The number of delegates from each section is determined by our By-laws. The number of alternates can be determined by each section. At least twice the number of alternates as delegates should be elected. Every section must be fully represented in Orlando for the House to be an effective governing body.

During the next months, all delegates and alternates must become familiar with the workings of the House of Delegates and the ACP. Extensive dialogue will be ongoing between our Central Office; Divisions including Membership, Sections and Constitution and By-laws; Officers and our membership. Weighty issues will be considered at the next House meeting including new categories of membership, an effective budget, innovative ways to increase specialty name recognition, and the status of prosthodontists as primary or secondary care providers. Each section should discuss these timely and critical issues and charge their delegates to take appropriate action in Orlando.

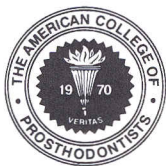
The leadership and staff of the ACP are committed to strengthen our organization at a grass-roots level. Every member must participate in dialogue at the section and national level. We must strengthen our sections, recruit our entire potential membership, and serve as an effective voice to the public and other health care professionals. Active involvement and commitment of every member will enable the ACP to accomplish its four priority goals:

- Increase public awareness and demand for prosthodontic services.
- Enhance the image of the specialty of prosthodontics in the health professions.
- Enhance communications with members and provide relevant membership services.
- Increase the amount of financial support to the College.

Your involvement will make our American College of Prosthodontists the most representative and premiere specialty health care organization. ♦

The ACP Messenger

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Surgical Obturator and Orbital Prosthesis Procedures are Codified

By Jonathan Wiens, DDS, MSD

Over the past decade the American Academy of Maxillofacial Prosthetics (AAMP) has been in the process of establishing codification and temporal profiles of maxillofacial prosthetic procedures. These procedures previously remained unrecognized, unrecorded, and undervalued by third party payers. This effort culminated in the determination of Relative Value Units (RVU) by the AAMP which were reconfirmed and accepted by the HealthCare Financing Administration (HCFA) as reported in the Federal Register in January 1996.

The process of determining Relative Value Units is laborious and tedious. Typically, an unvalued procedure is "weighed" as far as comparative value to a known and accepted procedure. Many factors serve as variables that can influence the relative position of a physician's work, practice and malpractice expense. The work component includes the physician's time used on the activity, technical skill required, mental effort involved, physical effort used, stress to the practitioner, etc. Once the preliminary values are determined they are then submitted to the American Medical Association's Relative Update Committee for review and final submission to HCFA for evaluation and acceptance. The RVUs are subject to

CPT-4 Code	Procedure	Global period*	Total RVUs
21076	Surgical Obturator Prosthesis	10	30.66
21077	Orbital Prosthesis	90	77.11
21079	Interim Obturator Prosthesis	90	51.06
21080	Definitive Obturator Prosthesis	90	57.36
21081	Mandibular Resection Prosthesis	90	52.27
21082	Palatal Augmentation Prosthesis	90	47.68
21083	Palatal Lift Prosthesis	90	44.11
21084	Speech Aid Prosthesis	90	51.46
21085	Surgical Splint	10	20.56
21086	Auricular Prosthesis	90	56.95
21087	Nasal Prosthesis	90	56.95

Table of CPT-4 codified maxillofacial prosthetic services and RVUs.

*Global period in days for which all services relating to the procedure are part of the total payment. Site of service and multiple procedures performed within the same global period may be subject to modification of the RVUs.

geographic practice cost indices and other modifiers. The resultant RVU is then multiplied by a conversion factor established by HCFA to determine the reimbursement level.

Recently, as part of an ongoing process, the AAMP has established two new procedure codes with RVUs. Surgical Obturator and Orbital Prosthesis. These new codes are presented to allow prosthodontists to obtain reimbursement on behalf of patients with medical insurance

coverage. All treatment must be indexed to a diagnostic code found in the International Classification of Diseases manual. Additional guidelines must be followed for proper claim submission, and may be found in Federal Registers, Medicare Bulletins and third party manuals, for example St. Anthony's Hospital publication. The AAMP is continuing to develop new codes for other maxillofacial prosthetic procedures. ♦

The American Board of Prosthodontics

Review of New Recertification Guidelines

By Dr. Donald Culpepper, Executive Director, American Board of Prosthodontics

There is apparently some confusion concerning the guidelines for recertification. Although these guidelines were published in the newsletter and furnished to each Diplomate, I would like to take this opportunity to emphasize some aspects of those guidelines.

Although you may record the hours in excess of those required, the guidelines state that only ten (10) points can be earned for credit toward recertification during the period of one year. I can record only ten points or less for the yearly reporting period. Additionally, the last three categories of those guidelines can be used for accumulation of points only to the extent that the number of points does not exceed sixteen (16) over the eight year reporting period. The record you have sent to me will be retained on file in addition to the computer.

The October mailout of the renewal notices in 1997 will include a copy of the recertification guidelines for your convenience. Please note the information included in this article.

Beginning January 1, 1996, attainment of at least forty (40) points in an eight year period will be required of all Diplomates except those

is a Life Diplomate status. A maximum of ten (10) points per year will be allowed toward the total of forty (40) points. Points may be accumulated in the following ways.

1. Attendance at a scientific session sponsored by a major prosthodontics organization (one point per day).
2. Other courses, conferences, and meetings applicable to prosthodontics preferably CERP approved (one point per day)
3. Publication in peer reviewed journals (not to include abstracts) (two points per publication)
4. Prosthodontic book chapters (one point per chapter)
5. Professional lectures given and study club activities related to prosthodontics (one point per day)

A maximum of sixteen (16) points in an eight (8) year period may be credited from publications, lectures, and study group activities. Activities of a 1/2 day will earn 1/2 point (three hours equals 1/2 point).

Your cooperation in helping me to establish an easy mechanism for this new activity will be greatly appreciated. ♦

The annual renewal fee statements were mailed out on October 28, 1996. If you have not received this statement, please notify the ABP Executive Director as soon as possible and a new statement will be forwarded. Other correspondence concerning the American Board of Prosthodontics should be directed to:

Dr. William Culpepper
Executive Director, ABP
P.O. Box 8437
Atlanta, GA 30306
(404) 876-2625
Fax (404) 872-8804

The June examination will be held in Dallas, Texas June 14-20, 1997. The examination will be held at the Hotel Crescent Court. Applications for the June examination will not be available until March 1, 1997.

Patient Appointments and Scheduling for Prosthodontists

	Mean	S.E.	Number
Scheduled Length of Appointment, in Minutes	62.7	2.6	126
Wait Time After Arrival for a Scheduled Appointment for a Patient of Record, in Minutes	8.3	0.7	129
Wait Time After Arrival for a Scheduled Appointment for a New Patient, in Minutes	8.0	0.7	121
Wait Time for a Scheduled Initial Appointment for a Patient of Record, in Days	6.5	0.7	128
Wait Time for a Scheduled Initial Appointment for a New Patient, in Days	6.6	0.6	123
A Typical Patient's Annual Number of Visits to the Practice	5.7	0.3	123

Source: American Dental Association, Survey Center, 1993 Survey of Dental Practice – Specialists in Private Practice

Announcements

Speakers Set for 1997 Carl O. Boucher Prosthodontic Conference

The thirty-second meeting of the Carl O. Boucher Prosthodontic Conference will feature topics including implants, fixed and removable prosthodontics, preprosthetic periodontal surgery and research reports by graduate prosthodontic residents. The conference will be held April 18 and 19, 1997 in Columbus, Ohio at the Parke Hotel. Early registration begins Thursday, April 17. For more information or registration materials, contact Dr. Robert B. Stevenson, Secretary, telephone 614-451-2767, fax 614-451-2988.

Speakers and topics:

“Ceramics”

Gregory Boyajian, CDT, DDS,
West Virginia University School of Dentistry

“Temporary/Provisional Restorations”

Larry McMillen, DDS, MS, New Orleans, LA

“Factors Affecting Complete
Denture Prognosis,”

Steven Haug, DDS, Indiana University
School of Dentistry

“Implant Therapy in the Edentulous Mandible”

John Dominici, DDS, University of Kentucky
College of Dentistry

“Selecting a Dental Implant System”

Steven Eckert, DDS, MS, Mayo Graduate
School of Medicine

“Implant Problems, How to Avoid Them,
How to Manage Them”

Charles Trebilcock, DDS, MS,
Columbus, Ohio

“Presprosthetic Periodontal Surgery for
Enhancement of Restorative Outcomes”

Lewis Claman, DDS, MS, Ohio State
University

Finalists for the 1997 IADR Arthur R. Frechette Prosthodontic Research Award Competition

An outstanding number of applicants were submitted for the 1997 Arthur R. Frechette Research Award in Prosthodontics. The Award recognized original research by new investigators and is sponsored by the Prosthodontic Research Group of the IADR and is supported by Whip Mix Corporation. The award carries a cash prize of \$1,000.

Based on the originality, method, and scientific merit of their research five finalists were selected by the judging committee for round two of the competition. The finalists are: Marisol Chaves, the Ohio State University, “Effect of Soldering Technique on High-Palladium Alloys”; Daniel O. Ellert, Naval Dental School, “All-Ceramic Crown Failure as a Function of Occlusal Contact Location”; David G. Gratton, University of Western Ontario, “Dynamic Fatigue at the Dental Implant Fixture/Abutment Interface”; Rand F. Harlow, University of Illinois, “The Influence of Defect Size on the Fracture Strength of Ceramic Materials”; and Janice Wilson, The Ohio State University, “Effects on Transverse Growth of the Mandible by Uniting Implants.”

These investigators will present their research at the General Session of the IADR in Orlando March 19, 1997, where this year's winner will be announced. ♦

Joint Survey Underway on Dental Labs

In a unique joint effort, the American College of Prosthodontists and the National Board for Certification in Dental Laboratory Technology are conducting a survey under the guidance of the ACP Laboratory Relations Committee. Prosthodontists and dental technicians have been asked to participate. The survey will gather information in the following areas: the increase/decrease in the number of laboratory technicians, the perception/reality of the level of communication between prosthodontists and laboratories, perceptions of prosthodontists/laboratory technicians toward laboratory certification. Other types of information will also be evaluated utilizing the responses from the survey.

A random sampling of ACP members will be included in the survey mailing. If you receive a survey, please respond as promptly as possible. The data collected will be of great value to the ACP and NBC. The complete results and analysis of the survey will be submitted for publication to the *Journal of Prosthodontics*. ♦

Should prosthodontists be considered primary care providers?

There are two aspects of primary care that may be germane to a prosthodontist. One is that the primary care practitioner is the dentist that first sees the patient in the health care system regarding their dental needs. While most patients have had previous contact with dentists, the prosthodontist may become the primary care dentist if the patient's dental condition changes. Needs requiring a prosthodontist may be due to medical or dental conditions seen in patients that are now geriatric or medically compromised, or have had head and neck diseases or trauma, or are difficult or demanding in restorative situations. The dental areas of complex fixed, removable and implant prosthodontics, esthetics, geriatrics, temporomandibular joint disorders, and maxillofacial prosthetics are ones in which the prosthodontist should be recognized as a primary care dentist. This is the message that the specialty is and should be working to spread among the public, the profession and other health professionals.

The second capacity of prosthodontists as primary care providers is for patients who are referred to the prosthodontist expecting the prosthodontist to oversee the entire treatment of the patient including referrals to other health care providers. Because of the comprehensive direction of care, including continuing care, the prosthodontist is the primary care provider. This patient may stay in the prosthodontic practice following completion of care, or may be shared with the referring dentist for continuing care. This type of patient is often referred from another dental specialist, but may also be referred from a general dentist who feels the management of the patient is better handled by a prosthodontist due to the difficulty, complexity or nature of the restorative care, or the associated medical or psychological management of the patient.

In both of these situations, the prosthodontist is not in competition with the general dentist for patients, but is a community resource with a special skill set that can enhance, facilitate, or provide patient care not provided by that general dentist. In my private practice, patients who recognize the need for more advanced care refer themselves, and are referred by other professionals or current patients. For many of these patients I become their primary dental professional. I direct all their dental care including referrals to other health care providers, which includes dental specialists, and may include general dentists.

The fact that the prosthodontist is a primary

care provider does not disavow separate levels of reimbursement for the more difficult conditions treated by the prosthodontist. This has and is being addressed by the development of the ACP Parameters of Care for Prosthodontics, and the continuing work of the committee on diagnostic criteria and codification. "Appropriate insurance reimbursement..." means that insurance companies should recognize the challenge in treating some prosthodontic patients and reimburse accordingly.

Prosthodontists should not be afraid to promote their mandate as primary care providers much in the same way that other specialists such as pediatric dentists, gerontologists, and internists do. We have special education and skills in areas of geriatric dentistry, restorative, implant and prosthetic dentistry, maxillofacial prosthetics, temporomandibular disorder, and medical and psychological patient management. With the demise of the restorative and prosthetic curriculums in dental school, our specialty will become more involved with the primary care of certain segments of the population.

*Peter F. Johnson, DMD
La Mesa, CA*

The want ads in a recent Sunday paper's health section ask for a Health Project Coordinator, a Provider Service Representative, a Utilization Management Specialist, a Director of Outsourcing and a Processor. Are we worrying about "I'm a Prosthodontist, You're a What?" (H. Landesman, 1981 and 1993).

If we join a managed care system it will make little difference what we wish to be considered. What will matter is what the "payers" (the insurance industry) call us, and what the "consumers" (the patients) understand about who does what when. We now know that all aspects of the managed care system are controlled by the commercial insurers. The managed care payers establish their own categories of providers; and all aspects includes the scheduling of fees for both the primary care providers and those specialists who have joined the system for referrals. The payers will also be specific in guiding the consumers through the system and in laying down the rules for the referrals to their own specialists.

It is true that specialists can choose to be primary care providers (just sign up), but they

cannot expect a separate level of reimbursement for the more difficult conditions they could treat as a specialist. The primary care provider (who was trained as a specialist) cannot expect payments which will be "appropriate insurance reimbursement" for the specialist by using self referral. It is not a matter of semantics. The primary care provider simply cannot act as a specialist and be reimbursed as a specialist after he or she has made the decision to join the managed care system as a primary care provider!

Two more considerations. First, why would anyone want to educate themselves to a bachelor's degree, a dental degree, perhaps an interspersed GPR, and 2 or 3 years of specialty training leading to a graduate degree or specialty certificate, and then become a primary care provider? For economic reasons of course! There are no restrictions on such a choice — it is a free choice. Until we make the free decision to join a managed care system and work within their fee arrangements and be considered primary care providers, we are specialists. After we make the decision to join, for whatever reason, we are no longer specialists!

Secondly, the organization of specialists, the American College of Prosthodontists, cannot enter the debate. The organization has made a historic commitment to succinctly speak for the specialist, act for the specialist, seize the opportunity to advance the specialty, work clearly to represent the specialist to the dental and medical professions and the public at large, and to speak to specialty issues in organized dentistry. The organization must clearly and positively adhere to the goals, mandates, objectives and missions of the specialty.

Can an individual trained as a prosthodontist choose to become a primary care provider? Yes, if that is the desire. As prosthodontics evolves into a "model of fee-for-service dentistry" can we as specialists remain specialists to reap the benefits of a two-party system? Most certainly as David Schwab strongly recommends in his *Journal of Prosthodontics* September 1996 article! Should the specialists organized as the American College of Prosthodontists choose to promote themselves as primary care providers? Absolutely not!

*Noel D. Wilkie, DDS
Rockville, MD*

Meetings and Conferences Calendar

February 7-9, 1997

AAOMS Midwinter Conference held in conjunction with the ACP
Chicago Marriott Downtown, Chicago, IL
Contact: AAOMS at (847) 678-6200

February 19-20, 1997

American Equilibration Society's Annual Meeting
Chicago Marriott Hotel, Chicago, IL
Contact: AES at (847) 965-2888

February 20-22, 1997

American Prosthodontic Society
Annual Scientific Meeting
Hyatt Regency Chicago
Contact: Dr. Alan Keyes at (312) 664-3057

February 21-22, 1997

American Academy of Fixed Prosthodontics
Annual Scientific Program
Marriott Downtown Hotel, Chicago, IL
Contact: Dr. Robert S. Staffanou at (707) 875-3040

February 22-23, 1997

American Academy of Restorative Dentistry
Drake Hotel, Chicago, IL
Contact: Dr. William McHarris at (901) 454-0660

May 30 - June 3, 1997

The Academy of Prosthodontics
Sheraton Halifax, Halifax, Nova Scotia.
Contact: Dr. Edward J. Plekavitch, 4830 V. Street, NW,
Washington, DC 20007.

June 5-7, 1997

Seventh International Congress on Reconstructive
Preprosthetic Surgery, Copenhagen
Contact: E. Hjorting-Hansen
Department of Oral and
Maxillofacial Surgery
University of Copenhagen
20 Norre Alle
DK-2200 Copenhagen N Denmark

June 25-28, 1997

62nd Annual Meeting of the Pacific Coast Society
of Prosthodontists
Chateau Whistler Resort, Whistler, British Columbia, Canada.
Contact: Dr. Madeline Kurrasch, 23451 Madison Street, Suite
220, Torrance, CA 90505. Phone: (310)378-9261.

September 18-23, 1997

ACP Research Symposium
Omni Hotel
Chicago, Illinois
Contact: ACP at (312) 573-1260

Sections



Once again, the Massachusetts Section of the American College of Prosthodontists conducted the 1996 Steven R. Gordon Memorial Essay Contest and its annual fall event welcoming new post-graduate students from the Tufts, Boston University, and Harvard Prosthodontics Programs. Winners of the essay contest were presented awards. Pictured standing from left to right are: Dr. Carlos Sabrosa (BU), First Place winner; Dr. Elliot Kronstein, past president of the Massachusetts Section; Dr. Steven Morgano; Dr. Bert Brandse (BU) student presenter; Dr. Hiroshi Hirayama, Clinical Director of Tufts Graduate Prosthodontics; Dr. Oliveri (Tufts), Second Place winner; and Dr. Andreatsakis (Tufts), Third Place winner.

Mark your Calendars for Future ACP Meetings

1997 Annual Session

November 5 - 8
Renaissance Orlando Resort
Orlando, FL

1998 Annual Session

September 16 - 19
Sheraton San Diego Hotel and Marina
San Diego, CA

1999 Annual Session

October 20-23
New York Hilton
New York, NY

Academic Opportunities

Michigan - Prosthodontics

The University of Detroit Mercy School of Dentistry invites applications for a full-time, tenure-track position at the assistant/associate professor level in the Department of Prosthodontics, available Summer, 1997. Responsibilities include teaching in the didactic, preclinical and clinical program of fixed and removable prosthodontics, as well as scholarly activity, including original research. Faculty will teach in a new state-of-the-art preclinical and clinical facility opening in the Fall of 1997. Extramural or intramural dental practice is a required condition of continued appointment. Applicants must possess a DDS/DMD degree from an ADA accredited school, have completed an advanced education program in prosthodontics, and obtain dental licensure in the State of Michigan. Academic rank and salary will be commensurate with qualifications and experience. The University of Detroit Mercy is independent and Catholic with Jesuit and Mercy co-sponsors. The University emphasizes academic excellence, ethics, personal attention to students and the University Mission and Core Values. We have a culturally diverse faculty and student body, and welcome persons of all races and backgrounds. EEO/AA employer. To ensure full consideration, applications should be received by March 1, 1997. Qualified applicants should send a letter of interest, curriculum vitae, and the names of three references to Dr. Arthur Nimmo, Chairperson, Department of Prosthodontics, University of Detroit Mercy School of Dentistry, 2985 East Jefferson Avenue, Detroit, Michigan 48207-4282.

University of North Carolina Prosthodontics

The UNC Department of Prosthodontics seeks to fill two (2) full-time, tenure tract positions at the Assistant/Associate Professor level in the Department of Prosthodontics effective August 15, 1997. The Department is responsible for pre-doctoral and graduate education, research, patient care, and service. Specific responsibilities will focus on pre-doctoral and post-graduate instruction, research, and intramural practice. Candidates should possess a DDS degree or equivalent, and advanced training in prosthodontics. Eligibility and/or certification by the American Board of Prosthodontics is strongly encouraged. The candidate should demonstrate evidence of a strong commitment to research. The University of North Carolina is a leading research university with a highly regarded Health Affairs Division. The School

of Dentistry is supported by and established and successful Dental Research Center. Preference will be given to those applicants who apply before March 1, 1997. Applicants should include a curriculum vitae and the names and addresses of four references. Nominations or inquiries should be directed to: Dr. David A. Felton, DDS, MS, Chair, Department of Prosthodontics, UNC School of Dentistry, 404 Brauer Hall, CB #7450, Chapel Hill, NC 27599-7450. As an Equal Opportunity/Affirmative Action Employer, the University is committed to equality of educational and employment opportunities, and actively seeks to promote diversity by its recruitment. Women and minorities are encouraged to identify themselves voluntarily.

Practice Opportunities Available

California - Santa Barbara: Private practice established 5 years 2-3 days a week ready for full time commitment that owner cannot make due to divorce. Exceptional facility including superior laboratory. Brochure available on request. Respond via e-mail: rlsdc@earthlink.net or phone 714-539-0657.

New York - Metropolitan Area: We have listed for sale a large, well-established practice in a very desirable community. Seller is willing to stay for a number of years. Financing available to qualified buyer. For more details, call Dr. Philip Cooper, American Practice Consultants, 609-234-3535.

Practice Opportunities Wanted

Prosthodontist seeking associateship with a view toward partnership or buy-in. Training and experience includes: fixed, removable, and implant prosthodontics; several years of general private practice before specializing; and recent experience in private practice limited to prosthodontics. Open to re-location. Please contact ACP, Box J1, 211 E. Chicago Ave., Suite 1000, Chicago, IL 60611.

For Sale

For Sale: JPD unbound issues from 1960 to 1990. Complete 30 year set. Please contact Dr. Crystal Baxter, 55 E. Washington ST., Chicago, IL 60602. (312) 578-9005.

For Sale: complete set of the Journal of Prosthetic Dentistry from 1951 (Volume 1, Number 1) to the present, last fifteen years are bound volumes. Asking \$4,000. Call evenings 410-877-3567.

ADVERTISING POLICY

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November	October 1
January	December 1

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

Joanne Constantine
ACP
211 E. Chicago Ave., Suite 1000
Chicago, IL 60611
Phone (312) 573-1260
Fax (312) 573-1257

Ads will be charged at a rate of \$35 for the first 60 words and \$1 for each additional word. The minimum charge is \$35. 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.