

Messenger

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WINTER 2001

" 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 2000—An Astounding Success

As another year comes to a close, it would be remiss not to look back at the recently concluded Annual Session, and recap the highlights of the weeklong excursion in paradise that took place from November 15-18 on the Big Island of Hawaii. The serene oceanfront was an excellent setting to help celebrate the ACP 30th annual meeting.

For the 530 members in attendance, the meeting offered a balanced mix of continuing education and networking opportunities for increasing professional development and renewing personal relationships, as well as offering both day and evening social events for making the most of the Hawaiian experience with their families.

With a whole new staff in place at the central office, the talented group of professionals headed by Ed Cronin should be commended for stepping in mid-year to create a successful and memorable event for all to enjoy. Program highlights included:

- Dr. Thomas Taylor passing the presidential gavel to Dr. Thomas McGarry at Friday night's luau. Dr. McGarry proudly accepted the opportunity and privilege of serving as ACP President in 2001 (see photo at right).
- The installation of the ACP 2001 Board of Directors: McGarry, President; Drs. David Felton, President-Elect; Jonathan Ferencz, Vice President; Kenneth Malament, Secretary; Richard Jones, Treasurer; Arthur Nimmo, Immediate Past President; Nancy Arbree, Education and Research Director; James Farer, Director-at-Large; Kenneth Kent, Speaker, House of Delegates; Patrick Lloyd, Editor-in-Chief; David Pfeifer, Patient and Professional Services Director;

Bruce Valauri, Membership Director; and Glenn Wolfinger, Public and Professional Relations Director.

- Friday's luncheon provided an opportunity to recognize and honor members for achieving Diplomate status with the American Board of Prosthodontics during the past year (see photo on page 4).
- Nearly 50 table clinics showcased the abilities of the next generation of prosthodontists. The top three presentations were (1) Dr. Stephen M. Keesee, (2) Dr. Jeffrey S. Rouse and (3) Drs. Alberto Ambard & Ju-Chun FanChiang.



2000 Immediate Past President Dr. Tom Taylor passes the gavel to incoming President Dr. Tom McGarry at the ACP Luau.

Photos from the entire meeting can be found on pages 4 and 5.

Stay tuned for details on next year's meeting in New Orleans, which promises to be just as exciting and successful as the 2000 annual session.

Post-Graduate Resident Recruitment in Prosthodontics:

Cause for Alarm, or Window of Opportunity?

by David A. Felton, Gary Goldstein, Lyndon Cooper

Faced with the closure of several post-doctoral residency programs, and with an apparent diminishing pool of qualified applicants, the future of specialty training programs in prosthodontics may be in jeopardy. Several key issues face the specialty regarding our training programs. First, what is the current status of the applicant pool? Second, does the mix of US-trained applicants and international applicants affect the future of the ACP? Third, what factors do pre-doctoral students consider in selecting a specialty program? Fourth, is there an identity crisis in prosthodontics? And fifth, where will the

future prosthodontics educators come from?

To address the applicant pool issue, one merely has to look at current ADA statistics. Prosthodontics programs have experienced a 40 percent reduction in applications, and nearly 32 percent reduction in enrollment between the 1991-92 and 1998-99 entering classes. Recent trends for other specialty programs are listed in Table 1. Only Periodontics faces a similar problem with regard to overall applicant pool and enrollment. These reductions are in direct contrast to overall trends for all specialty programs, which demonstrate an increase in applications of 12.2 percent,

Continued on page 6

Changes From 1991-1999

Specialty	Applications	Enrollment
Pros	-40.2%	-31.7% ⁽⁹⁹⁻⁰⁰⁾
Perio	-47.7%	-23.1%
AEGD	+64.7%	+34.4%
Endo	+51.1%	+16%
OMFS	+3.3%	-12.1%
Ortho	-3.9%	-2.8%
Pedo	+119.3%	+11.3%

Table 1

PRESIDENT'S MESSAGE

Welcome to the first edition of the *ACP Messenger* for the year 2001, and my first as President of the ACP. I believe that the College, as the representative organization of the specialty of prosthodontics, is poised to fulfill its destiny by leading the specialty into greater public and professional recognition.

Certainly, challenges are before us that must be addressed, like the number of applicants to our graduate programs. This issue, along with all of its ramifications, could absorb most of our energy and resources. However, there are additional issues that are equally important that must be addressed and funded (see Giving Leadership on pg. 2). Most of all, every issue needs member involvement and dedication. The broad range of responsibilities that the ACP has in representing its members and the specialty can no longer be managed by a "dedicated few". Every member, every prosthodontist must make a contribution to the specialty in order to maintain and grow the field of prosthodontics.

Each of us has different skills and desires, but no matter what your individual strengths are, we must all devote a portion of our professional lives to advancing the specialty. On this note, I am extremely proud to tell each member about a very special initiative that was started at the Annual Session in Hawaii. I have made a challenge to myself, and the members of the ACP to raise at least \$500,000 in pledges to the ACP Education Foundation by the next Annual Session in New Orleans. Our Foundation has struggled financially since its inception for a variety of reasons. Maybe it has been a lack of commitment by our members, but no longer. During the Board meeting of the Foundation, every member of the Foundation including our new Executive Director personally pledged \$5,000 to be paid within five years. This impressive start was followed by an announcement of a goal of finding 100 members of the ACP willing to commit \$5,000 to the Foundation at the President's dinner. Before the dinner was complete, every officer of the ACP made the pledge along with many past presidents



Dr. Thomas J. McGarry
ACP President

and members to achieve 22 commitments of \$5,000 each. That is \$110,000 or 20 percent of the goal, but the story gets even better.

I recently attended the meeting of the Greater New York Academy of Prosthodontics to which many of our members belong, and before I left the two day meeting, I along with the officers of the ACP received 26 additional commitments with one member pledging \$15,000 over the next 5 years. This brings us up to 48 commitments or just short of \$250,000 which is almost 50 percent of our goal. In fact, with additional telephone calls and contacts, we now have pledges totaling over \$270,000 to the Foundation. This level of giving and commitment signals a new and important achievement for the specialty. With the tremendous response of our East Coast members, this initiative

is over half way complete. Review the list of contributors (on page 8), and please join these visionary members and make the commitment to catapult the specialty into the new millennium.

Remember, it only takes 100 members out of over 2,000 members to pledge the \$5,000 to reach the \$500,000 goal. I need, we need, the specialty and the ACP needs 47 more members to commit to the future by pledging the \$5,000. I know you are out there. I know you share the vision and the excitement of prosthodontics. Let's reach our goal within the next 30 days. Place your name among the first wave of contributors and be recognized as a leader. Success breeds success so let's make this initiative a slam-dunk and set the standard for future projects of the specialty.

On a personal note, I would like to thank all the members of the ACP for the opportunity to lead the specialty during the next year. I pledge my complete commitment to advancing the goals of the College and making the ACP "the best" organization possible. I hope you will join me in helping create a future that will insure the integrity of the specialty of prosthodontics.

EXECUTIVE DIRECTOR'S MESSAGE



Mr. Edward J. Cronin

In the Spring 2000 edition of the *ACP Messenger*, The Pulse of the Membership Survey asked for members' input on the potential benefits of developing a patient finance plan for our membership. The response was positive and members recognized that financial considerations are a factor in patient decisions to begin treatment. They also agreed that a finance plan would be a benefit to their patients and would allow them to begin treatment plans more promptly.

As a result of this feedback, we approached several patient finance companies and asked for proposals to establish an endorsed plan for ACP members. We asked for information such as source and reliability of funds, application and approval process, minimum and maximum loan values, interest charges to patients, and administrative fees to the prosthodontist.

All of this information was compiled and provided to the Prosthodontic Practice Committee. Dr. David Pfeiffer and the committee did a very complete and thorough job of reviewing and analyzing the material and following up with the companies with specific questions. As a result, the committee made a recommendation, and the Board of Directors approved at the November 2000 Board Meeting, that ACP should endorse the PFS Patient Financing Plan. PFS has first hand knowledge of prosthodontics and has developed a program that meets our members' needs.

We are currently in the process of finalizing the details for our agreement with PFS. In summary, the plan will offer the following:

- Simple in-office application and fast approval decisions.
- Unsecured loans up to \$25,000 and secured loans up to \$250,000.
- Competitive interest rates of 9.5% for secured loans and 11.9% for unsecured loans. (All loans are non-recourse to the prosthodontist).
- And best of all, a 20% discount on the administrative fee for ACP members (4 percent instead of the normal 5 percent).

You should be receiving a package of information on the ACP/PFS Plan in the near future.

This is a great example of how a cooperative effort can result in a significant benefit for our ACP members. If you finance only a few cases per year, the savings from the discounted fee will more than cover your membership dues. I would like to thank the members who responded to our Pulse survey as well as Dr. Pfeiffer and his committee who did a super job of moving the process to a conclusion. Teamwork can make good things happen.

ACP Welcomes New Staff

The ACP is pleased to welcome Cassandra Curtis to the central office, where she will serve as ACP's Administrative Coordinator. In this role, Cassandra will handle a variety of administrative duties, as well as serving as ACP's front desk receptionist. Cassandra brings to the College 12 years of experience as an administrative assistant in the medical industry, and looks forward to the challenge of serving a dental specialty. Her future plans include going back to school to work towards her Associates degree in Business Administration.

We welcome Cassandra to the College and look forward to a long and satisfying working relationship.

EDITOR'S MESSAGE

So Much to Do, So Little Time!

by DAVID A. FELTON

Wow! It seems like just yesterday that we were enjoying the fabulous resort area facilities and services of the Hilton Waikoloa Village for our annual session. The 900-plus that attended the meeting know what I'm talking about. For those of you who were unable to attend, you really missed a great venue, and an excellent meeting. Past President Arthur Nimmo, Annual Session Chair Ana Diaz-Arnold, Executive Director Ed Cronin and the ACP Central Office staff should be commended on an exceptional location and scientific program.

In less than one month since the start of the annual session, the College has initiated an incredible fund raising effort for the ACP Education Foundation, reported on graduate resident recruitment, re-certified its ADA CERP (continuing education) status and instituted major changes in the functioning of the Central Office. All of these will benefit our members, our specialty and our future.

As Editor of the *ACP Messenger* for the coming year, my goal is to provide you with up-to-date, thought-provoking information of significance. Take for example, the piece in this issue regarding graduate resident recruitment. The future of the specialty of prosthodontics

is clearly reflected by the strength of its graduate residency programs. Closure of several residency programs, apparently reflecting a lack of interested and qualified applicants, and the inability to fill all existing residency positions, is an alarming trend that we must acknowledge.

By means of a highly successful survey, the ACP Task Force on Graduate Resident Recruitment obtained important information about prosthodontic residency programs and their applicants. To no one's surprise, the residency programs are relatively expensive, under-funded, under-subscribed and represented by a diverse international constituency. Please carefully review this piece, co-authored by Drs. Gary Goldstein, Lyndon Cooper and myself, and think carefully about its implications to you and the future of our specialty.

Finally, I ask that you seriously consider getting involved with the ACP. There are many, many tasks at hand, and many upcoming challenges to face. We can always use hard-working, dedicated individuals to help promote the specialty and our future. If you cannot give of your time and talents, please consider contributing financially to the ACP Education Foundation. So much to do, so little time!

GIVING LEADERSHIP, AND CREATING A LEGACY

Your generous gift elevates you into a position of leadership within the ACP. Although there are not enough titles or official jobs to give to everyone, I would ask you to assume an even greater responsibility. It is now your turn to lead at least one additional member to join you in creating a lasting legacy by pledging a gift of \$5,000 or more.

Each of us has different skills, goals and personal responsibilities that guide our daily lives. While it may be difficult to find the time to do the organizational work, I believe that each of us can still contribute to the specialty that enriches our lives. Not only with your generous gift to the Education Foundation, whose mission is to improve the overall dental health in the United States through the dissemination of educational information to the general public and support for prosthodontic education, research and patient care but also by convincing others to do the same and start of a legacy for their professional career.

Particularly those of us in full time private practice who are now enjoying the economic success of our specialty education—do we not have the responsibility of recognizing the efforts of our teachers and mentors in our current successes? Do we not owe support to the specialty that identifies each of us as someone special? Do we not need to create an even greater future for those who will follow us? Just think, if just 2,000 of our members made the \$5,000 commitment, our Education Foundation would have \$10 million to shape the future.

Please join Dr. McGarry, and all those who have already generously contributed to the Foundation, in fulfilling this vision by multiplying your gift through the leadership of recruiting other prosthodontists to match your gift, thus creating their own legacy.

Call For Nominations

The American Dental Association's (ADA) Health Foundation and the Warner Lambert Healthcare Division of Pfizer, Inc. is currently looking for nominations for the 2001 Norton M. Ross Award for Excellence in Clinical Research. The award recognizes those individuals who have made significant contributions in clinical investigations that have advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases.

CRITERIA: All submissions will be based on the following criteria: (1) the scope of the nominee's research with special emphasis on its impact on clinical dentistry, and (2) publications in refereed journals.

AWARD and RECOGNITION: The recipient of the award receives a \$5,000

cash prize and a plaque in October 2001 in Kansas City at the ADA Annual Meeting.

NOMINATION PROCEDURE:

Letters of nomination describing in detail the nominee's accomplishments in the context of the objectives of this award and a curriculum vitae with a list of publications should be submitted. The letter(s) should be explicit in describing the impact of the nominee's research on clinical dentistry.

DEADLINE: Nominations must be received at ADA Headquarters by May 1, 2001. Please address all nominations to:

Dr. Arthur Nimmo
University of Florida College of Dentistry
Gainesville, FL 32610.

ACP Installs New Officers for 2001

The American College of Prosthodontists (ACP) has installed a new slate of officers to the 2001 Board of Directors at its Annual Meeting in Hawaii. Thomas J. McGarry, of Oklahoma City, Oklahoma, has been named president for 2001, replacing Dr. Arthur Nimmo who served in this position in 2000. The officers for 2001 are:

Thomas J. McGarry, D.D.S.

President



Dr. Thomas J. McGarry received his D.D.S. degree in 1975 from UMKC School of Dentistry, his Certificate in Prosthodontics in 1978 from VA/UCSF and became a Diplomate of the American Board of Prosthodontics in 1991. He is a Fellow of the American College of Prosthodontists (ACP) and the American College of Dentists.

Dr. McGarry is in his 6th year on the ACP Board of Directors serving as President for 2001. He currently chairs several committees including Parameters of Care, Prosthodontic Classification System and Classification System Implementation. Also, Dr. McGarry is a member of the American Dental Association's Future of Dentistry Panel.

Dr. McGarry is a former Assistant Professor in Removable Prosthodontics at the University of Oklahoma College of Dentistry and continues his teaching activities there as a Preceptor and Consultant along with serving as a Prosthodontic Consultant in the Residency Program at St. Anthony's Hospital. Dr. McGarry maintains a full-time prosthodontic private practice in Oklahoma City, Oklahoma.

David A. Felton, D.D.S., M.S.

President-Elect



Dr. David A. Felton received his D.D.S. degree in 1977 and M.S. in Prosthodontics in 1984 from the University of North Carolina School of Dentistry. He became a Diplomate of the American Board of Prosthodontics in 1996. Dr. Felton is Associate Professor and Chair of the University of North Carolina School of Dentistry Prosthodontics Department.

Dr. Felton is in his 7th year on the ACP Board of Directors, currently serving as President-Elect for 2001, as well as chairing several committees including the Subcommittee on Graduate Resident Recruitment and the Professional Liaison Committee.

Dr. Felton is an active member with numerous other organizations including the American Dental Association, the Academy of Prosthodontics, the American Dental Educators Association, the International College of Prosthodontists, the Academy of Osseointegration, the Greater New York Academy of Prosthodontics, the International College of Dentists and the North Carolina Dental Society. He also holds memberships in the International and American Associations for Dental Research.

Dr. Felton has served on several editorial boards, including the *Journal of Prosthetic Dentistry*, and has been presenting lectures and continuing education courses for over 15 years.

Jonathan L. Ferencz, D.D.S., B.S.

Vice President



Dr. Jonathan L. Ferencz received his D.D.S. in 1971 and his advanced education and training in prosthodontics from 1980-84 at the New York University College of Dentistry. He became a Diplomate of the American Board of Prosthodontics in 1998. Dr. Ferencz is in his 6th year on the ACP Board of Directors, currently serving as Vice President.

Dr. Ferencz is Clinical Professor at the New York University College of Dentistry Department of Prosthodontics and Occlusion, and maintains a prosthodontic practice in New York.

Dr. Ferencz is an active member of the ACP, as well as numerous other organizations including the American Dental Association, the First District Dental Society, the Northeastern Gnathological Society, the Greater New York Academy of Prosthodontics, the New York Academy of Dentistry, the American Academy of Fixed Prosthodontics, the American Academy of Restorative Dentistry, and the Academy of Prosthodontics.

Dr. Ferencz has received the Sigma Epsilon Delta Award for Excellence in Fixed Prosthodontics, the New York University Founder's Day Award and the American Academy of Gold Foil Operator's Achievement Award in 1971.

Kenneth A. Malament D.D.S., M.Sc.D.

Secretary



Dr. Malament received his D.D.S. from New York University College of Dentistry in 1975, and his Master's degree and Certificate in Prosthodontics from Boston University School of Graduate Dentistry in 1977. He became a Diplomate of the American Board of Prosthodontics in 1984. Dr. Malament is Clinical Professor and Course Director in Postgraduate Prosthodontics at Tufts University School of Dental Medicine, and maintains a full-time prosthodontic practice in Boston. He is in his 1st year on the ACP Board of Directors serving as Secretary in 2001.

Previously, Dr. Malament served as Director of the ACP Clinical Division where he contributed to the ACP's Study Guide for Board Certification in Prosthodontics and the new ACP Private Practice Manual on CD-ROM. He has served as president of the ACP New England Section, the Northeastern Gnathological Society, the Northeastern Prosthodontic Society and as secretary/treasurer of the International College of Prosthodontists. He also served on the research and development team for two well-known ceramic products, as well as a member of the External Advisory Board for the NIDR research grant in Machinable Ceramics.

Richard E. Jones, D.D.S., M.S.D.

Treasurer




Dr. Richard E. Jones received his D.D.S., M.S.D. and B.A. degrees from Indiana University, as well as certificates in Prosthodontics and Maxillofacial Prosthetics. Dr. Jones is in his 2nd term as ACP Treasurer.

Currently, Dr. Jones works full-time in a private practice in Munster, Indiana which is limited to prosthodontics and maxillofacial prosthetics. He has lectured part-time for nearly 25 years at

Indiana University Dental School.

Dr. Jones is an active member of the ACP, currently in his 7th year on the ACP Board of Directors, and served past president of ACP's Indiana Section. He holds membership in numerous other dental organizations including the American Dental Association; Academy of Osseointegration; American Academy of Fixed Prosthodontics; American Academy of Maxillofacial Prosthetics; International College of Prosthodontists; American Prosthodontic Society and the John F. Johnston Society. In 2000, he was nominated to the ADA's CERP Committee.

Other elected directors to serve in 2001 include **Drs. Arthur Nimmo**, Immediate Past President; **Nancy Arbree**, Education and Research Division Director; **James Farer**, Director at Large; **Kenneth Kent**, Speaker of the House of Delegates; **Patrick M. Lloyd**, Editor-in-Chief; **David L. Pfeifer**, Prosthodontic Practice and Patient Services Division Director; **Bruce Valauri**, Membership Division Director; and **Glenn Wolfinger**, Public and Professional Relations Division Director.



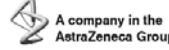
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2000 Annual Session

PROTHODONTIC
PERSPECTIVES
in paradise



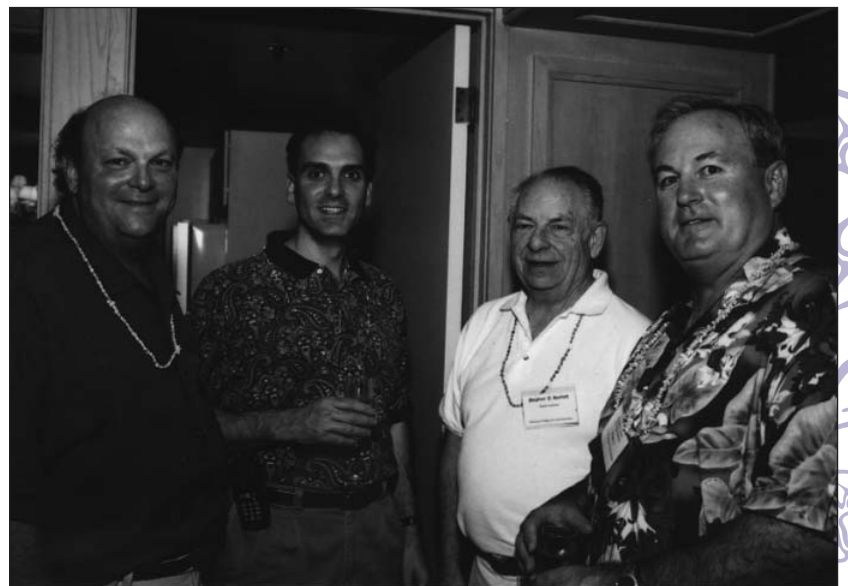
Newly installed officers of the ACP Board of Directors. (Front row from left to right) Drs. Glenn Wolfinger, Bruce Valauri, Nancy Arbree, David Pfeifer, and Richard Jones. (Back row from left to right) Drs. Kenneth Kent, Kenneth Malament, Jonathan Ferencz, David Felton, Arthur Nimmo, and Thomas McGarry. (Not pictured) Drs. Jim Farer and Patrick Lloyd.



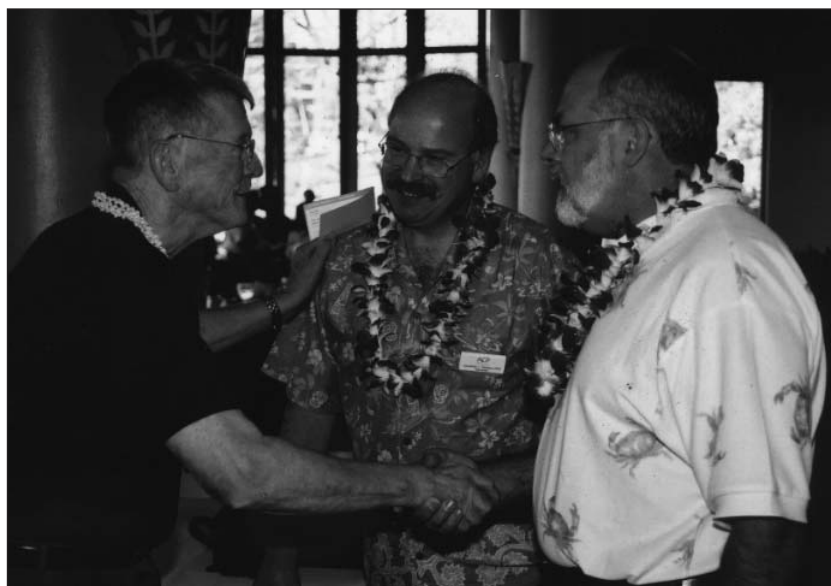
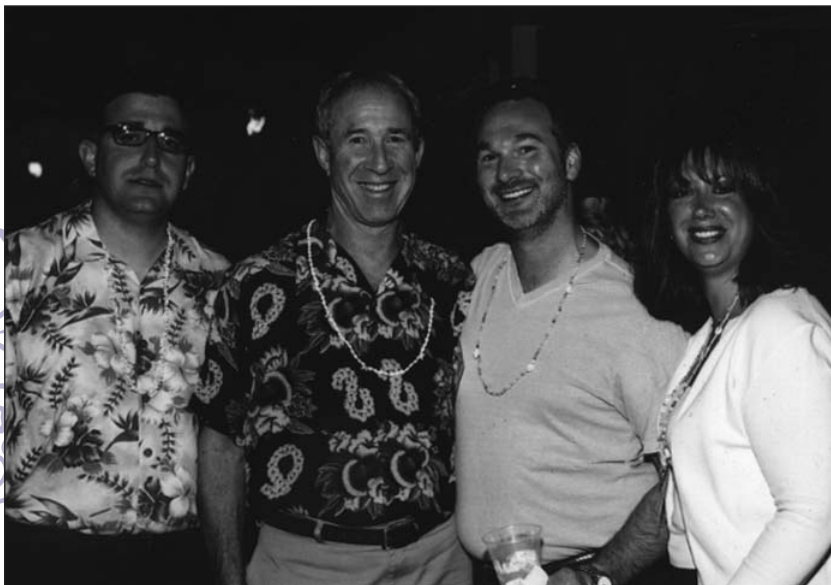
Installation of new officers (from left to right) Drs. Kenneth Malament–Secretary, Jonathan Ferencz–Vice President, and David Felton–President-Elect.



Installation of new division directors (from left to right) Drs. Glenn Wolfinger–Public and Professional Relations Division, David Pfeifer–Education and Research Division, and Nancy Arbree–Professional and Patient Services Division.



Members were honored for passing the board certification exam in prosthodontics and becoming Diplomates of the American Board of Prosthodontics.



Past President Arthur Nimmo thanks Drs. Kenneth Hilsen (left) and Dennis Weir (right) for their service on the ACP Board of Directors.



NEW ORLEANS
ACP Annual Session
2001

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

Recruitment *Continued from page 1*

and an increase enrollment of 3.5 percent during the same time periods. In addition, ADA statistics indicate a significant trend toward filling prosthodontic residency programs with international applicants, where currently nearly 60 percent of our residents are internationally trained (Figure 1). No other specialty group reports a similar trend. Granted, our international candidates are of very high quality overall, but the potential effect on growth of the ACP may be compromised by this trend. Currently, the ACP has only 136 international members (9.4 percent of the total ACP active membership), and these members enjoy a reduced rate for membership (\$252.00 annually, compared to \$483.00 for active US members).

In the belief that a problem exists within the specialty, in November 1999, ACP President Arthur Nimmo established a "Task Force on Graduate Resident Recruitment" to study the issues involved. David Felton, vice-president of the ACP, was charged to identify the members of the task force, and to bring before the Board of Directors a plan of action and budgetary implications for studying the problem. A task force consisting of individuals representing private practices and academic institutions from the various regions of the country was assembled, and consisted of Drs. John Agar, Alan Carr, Bob Cronin, Jonathan Ferencz, Gary Goldstein, Juan Loza, Carl Schuller, Ned Van Roekel, Dennis Weir, and Roy Yanase. The task force developed and circulated a Graduate Program Director Survey to all post-graduate Program Directors, and received an 85.7 percent response rate.

The survey reported the following (for the programs responding):

- 1 The mean number of residents per year is 2.6 ± 1.0
- 2 Thirty-three percent of the programs receive GME funding.
- 3 Twenty-seven percent of the programs provide no resident stipends, and the mean annual stipends were \$14,000 per resident (with a range of \$0 to \$57,000).
- 4 Seventy percent of the Program Directors were satisfied with the level of clinical skills and knowledge of entering U.S. trained students, and 40 percent with that of internationally trained students; 90 percent of the Program Directors were dissatisfied with the entering students' knowledge of RPD's and their treatment planning skills.
- 5 Twenty-three percent of the programs required only a U.S. DDS/DMD degree; 5 percent required a U.S. DDS/DMD and GPR or AEGD training; 2 percent required U.S. DDS/DMD training and private practice experience.
- 6 There was a reported five year mean of 245 U.S. trained applicants per year (5.7 ± 4.3 per program), compared to a five year mean of 565 international applicants per year (14.5 ± 9.98 per program).
- 7 For the entering class of 2000, 34 percent were U.S. trained, compared to 66 percent internationally trained.
- 8 Of the 336 students currently enrolled in all reporting programs, 60 percent are exclusively internationally trained.

Statistical analysis of the data received indicated the following:

- 1 There was no evidence to suggest that the total number of applicants and mix of applicants (U.S. or internationally trained) has changed over the past five years. The ADA data would suggest that the majority of these changes occurred in the four years preceding the information gathered in this survey (Figure 2).
- 2 The percent of U.S. trained applicants to those trained internationally is highly statistically significant.
- 3 There was no correlation between the levels of stipends offered, level of enrollment, length of program, class rank of applicants or U.S. vs. international training.
- 4 There was a tendency (but not statistically significant) for the rate of U.S. trained applicants to be related to stipend levels.

Based on these findings, the task force determined that the data was inconclusive in determining those factors that led pre-doctoral students to select prosthodontics as a specialty, and recommended to the Board of Directors that a research firm be hired to conduct focus group interviews with graduate residents (of various specialties)

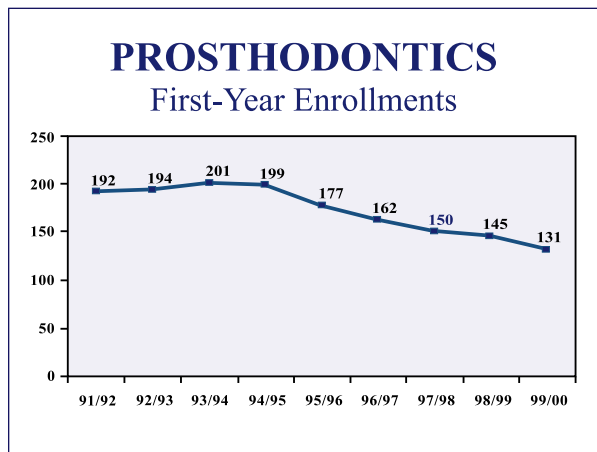


Figure 1

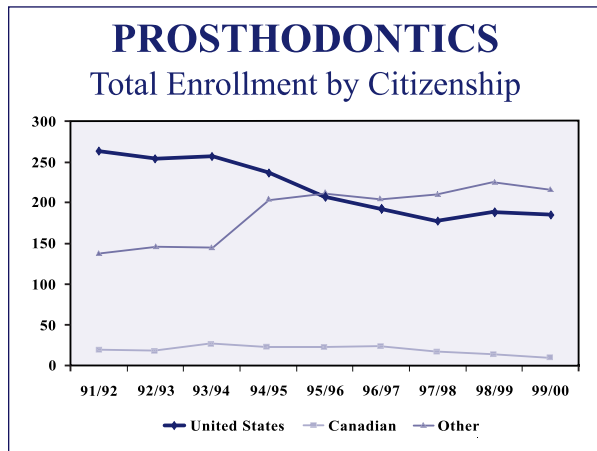


Figure 2

and pre-doctoral students at a minimum of six different dental institutions in an effort to determine those factors that led to a pre-doctoral student selecting a particular specialty (compared to private practice). Due to the past experience of the ACP working with "Just the Facts, Inc.", an independent Chicago-based marketing, research and intelligence firm, the Board of Directors approved in February 2000, funding for the focus group activities to be conducted at six dental institutions representing the Northeast, Middle-Atlantic, Southeast, Midwest, Southwest, and Western regions of the U.S. Two focus group interview were conducted between August 29 and October 2, 2000 at each institution: the first was with 1st and 2nd year graduate residents representing all specialty areas, and the second included 3rd and 4th year pre-doctoral students. The report from "Just the Facts, Inc." was distributed to the Board of Directors at the annual session in Hawaii. Copies have been sent to all Graduate Program Directors for review. In addition, the House of Delegates approved changing the task force to a subcommittee of the Education and Research Division as long-range planning and implementation will be required from this group.

The executive summary of the "Just the Facts, Inc." focus group interviews follows:

Rationale for Going into Dentistry

- People become dentists for a variety of reasons. An important influence is having a family member or friend who is already in the profession. This appears to make a dramatic impression on a young person's mind when deciding what to do with their life. Many times this is the person's father or a sibling, but it can be someone else too.
- Another important influence is any dentist who is asked to perform the role of advisor or even mentor to someone expressing an interest in the field. Having positive contact with someone who is already doing what a student is considering, can and does exert a lot of influence on that person's thought process.
- Having a desire to enter some facet of the medical field also plays a role in the decision-making process. As might be expected, this initial sojourn into medicine starts with a look at or even a step into pre-medicine. It can take the form of actually working as a dental assistant or consist of an internship in a medical area where a number of students, at some point in time, figure out that the lifestyle of a medical doctor and a dentist vary greatly. The appeal of a dentist's lifestyle quickly wins out, at least in the minds of those who choose dentistry. The element of being able to exert more control over one's life seems to play an important role in the decision-making process. Not only are the work hours of a dentist more attractive, but the idea of dealing with life and death simply does not appeal to many who still are interested in medical fields.

- Quality of life was felt to be important to both males and females, but especially to females who were married and who had or were considering having children. They were looking for a 9 to 5 day and not at all interested in being on call.
- The artistry of dentistry seems to offer an important motivator to joining the profession. A student's interest in a medical area and the opportunity to do something artistic has a draw for some as does working with their hands.
- Career changers are also attracted to dentistry. After realizing that the subject area initially studied while in school is not as appealing as once was believed, those with the academic aptitude find that becoming a dentist is more interesting and challenging than once thought. Interestingly, several of the group participants had already embarked on careers in engineering and then made the decision to go into dentistry.

Things Liked About Dentistry and Dental School

- Dentistry and dental school appear to be viewed as two separate entities. As far as dentistry itself is concerned, patient interaction and the ability to help patients were widely noted as a major attraction of being a dentist. Some of the other positive points of being in the profession were the respect given a dentist by patients and the opportunity to exhibit some degree of artistic expression when performing dental procedures. Others like the feeling of being in control of the situation when working on a patient.
- For the most part, the dental school experience itself, however, was not looked upon as favorably as the actual profession. Among the positives cited, some of the group participants indicated they liked the mentoring relationships they had established with instructors, while others praised the actual learning experience itself. Many talked about the camaraderie among classmates as being key to getting through the experience. Others were quick to compliment areas such as the support staff, and for several of the schools, the number of students in the class. One school was particularly applauded by its dental students for its unique opening day ritual when the school holds a ceremony for new dental students welcoming them to both the school and the profession. The overall feeling created by this endeavor was one of, "you're now one of us."

Things Disliked About Dentistry and Dental School

- Criticisms of dentistry as a field were virtually non-existent. However, when it came to the instructors at the various schools, both dental students and graduate students were not particularly pleased, especially with those teaching in prosthodontics. Among the various negatives voiced about prosthodontics teachers were the quality of the lectures, the militaristic treatment of students, the lack of respect for students and their work, and the teaching of old, out-dated techniques. Other students felt that some instructors, not just those in prosthodontics, were not in touch with current procedures and practices. There was often discussion about fighting that was evident among the prosthodontics instructors. This was true of full-time versus full-time, as well as full-time versus part-time faculty. Generally, it was the part-time faculty that was viewed as bringing a sense of reality and hope to the students' lives.

Decision Factors in Choosing a Particular Dental Specialty

As is the case with education at any level beyond high school, students are faced with the choice of whether or not to continue with their education. It appears the participants in these groups are facing the same fears and trepidations, only in this case, the decision is between becoming a general dentist or continuing on and becoming a specialist. And, as in these other situations, mixed emotions emerged. Proponents of either side of the dental question offered compelling arguments as to why their choice was best and it was readily recognized that either option was viable and available to them.

Some apprehension was expressed about becoming a prosthodontist in an individual practice because of the unpredictability of referrals from general dentists. Several students also expressed the concern or need for additional training, which a specialty offers, prior to working on actual patients in their own practice.

It appears from these groups that a major determinant in making the decision as to which dental

specialty, if any, for a dental student to enter into is the personality of the individual person. A lifestyle plays such a significant role in the decision to become a dentist rather than a doctor, it also has a place in determining which dental specialty to enter. Many will opt to become a general dentist because of the lifestyle they would prefer to lead. Still, for others, this decision is a matter of a process of elimination as they take a look at the various specialties and see which one seems to best “fit” them and their interests.

In addition, the influence of family and friends mentioned earlier, continues to have an effect on not only getting into dentistry initially, but also which specialty might be chosen. In particular, fathers who are in a certain dental specialty seem to have a great deal of influence on their offspring’s choice of specialties.

The time and additional expense of going on to graduate school in order to specialize was noted as a drawback of becoming a specialist as opposed to a general dentist. Also, the group participants seem to feel that general dentists became more involved on a personal level with their patients than some specialties. Variety of casework was also mentioned frequently as a reason for being a general dentist. They recognized that as a GD, they could “pick and choose” which areas they did or didn’t like and then pass off the undesirable procedures. The flexibility of general dentistry was also viewed as a factor in deciding to become a specialist or not.

Dental students also recognized the personality type that would fit most closely with being a prosthodontists; that of being a perfectionist, detailed, anal, enjoying the inherent lab work involved in the specialty, and the willingness to work with sometimes “difficult” or demanding patients over a long period of time.

Selection of Prosthodontics as a Specialty

Prosthodontists are generally admired and held in high regard by most members of these focus groups. The group members seem to almost be somewhat in awe of the professional level of work done by prosthodontists. Again, family members who are prosthodontists, particularly fathers, play an important role in an offspring’s decision to enter the field.

However, in order to become a prosthodontist, a dentist has to be a certain personality type, and has to thoroughly enjoy the lab work and perceived long hours that come with the job. Moreover, prosthodontists must welcome the challenge that comes with every case and possess a personality that is aggressive and dominant. In addition, the dental students in these groups all have an appreciation for that “love of the game” that prosthodontists seem to have.

It was clear to these students, that awareness of the field is not very high when compared to other dental specialties. One participant noted this had previously been true for periodontics, but that this practice had done a good job of marketing their segment, while prosthodontists have done virtually nothing.

Reasons For Not Selecting Prosthodontics as a Specialty

Prosthodontics is not chosen as a specialty by dental students for a number of reasons. First, there is the perception and/or recognition that a general dentist can do many of the procedures that a prosthodontist does. This places the GD in direct competition with prosthodontists, more so than any other specialty. Other factors are the amount of lab work that must be done, the stress of always attempting to do perfect work and the recognition that many students just don’t have the personality type to enjoy or succeed in the field.

However, as will be noted in a separate section below, probably one of the most influential deterrents to entering the field of prosthodontics and becoming a prosthodontist is the current instructors teaching at both the dental and graduate levels. Participants in these focus groups readily admit that they would not even consider becoming a prosthodontist primarily because of their experience with prosthodontic instructors during their undergraduate studies.

Impressions of Prosthodontics Instructors

Students did, however, voice mixed feelings about their prosthodontics instructors. While a few students offered complimentary observations about their prosthodontics instructors, a majority were quite vocal in their criticisms. Numerous stories about rude behavior toward students, lack of

respect and outright hazing emerged as the students talked about their prosthodontics teachers. Several examples were noted where students decided not to specialize in prosthodontics primarily because of the instructors and the way they treated students.

Many students, at all the schools, detailed numerous instances where prosthodontic faculty treated undergrads rudely, without respect or stated: “If you think its bad now, you should have seen it when I was a dental student!”

Participants spoke of numerous occasions where they had worked long hours on a particular prosthodontic procedure only to have it “ripped apart or belittled” by the instructor. Mistakes made early on were not corrected along the way.

Project evaluation by prosthodontic instructors was a major source of dismay among many group participants. Numerous instances were cited where one prosthodontics instructor would start the student on a procedure, only to have it criticized and graded down by a different instructor at the end. Comments like, “who taught you that technique” or “why would you use this treatment plan” were commonly heard in these group sessions. Project evaluation and grading appeared to be highly subjective at most, if not all schools represented in this study.

Use of Incentives to Enter Prosthodontics

Current financial incentives being offered by dental schools vary quite a bit. They take the form of stipends, tuition remissions and jobs in hospitals or other places where the student can make some money and learn dentistry at the same time. According to the students, some schools offer as much as \$35,000 a year, while others do not give any financial aid beyond loans. No particular specialty stood out as being “head and shoulders” above the others as far as offering financial aid to its students.

Attractiveness of a Group vs. Individual Practice

Students had somewhat mixed feelings about opening up their own practice or joining up as part of a group. A few favored opening up their own practice while the majority believed that joining other established dentists was the preferred route to take. It seemed that the greatest apprehension concerning starting an individual practice stemmed from the ability to get patients.

Practice Management

Although several of the schools do offer some semblance of individual courses or scattered seminars in practice management, for the most part, this is not a subject area that is covered in the curriculum of either dental or graduate school. In fact, most students seem all too busy learning to be dentists or specialists that they give very little thought to the “business side” of having a practice. However, when directly confronted with the question, they realize that they are extremely ill-prepared to go out and open their own practice and simply don’t have the training needed to run a business.

Sending Patients to a Prosthodontist

Even students in dental or graduate school recognize the situation as it relates to prosthodontists obtaining referrals from GDs. Students are well aware that GDs are doing a lot of the procedures that were formerly the job of the prosthodontist and students perceive that acquiring patients would be a problem if they were to go into the field.

Some participants readily admitted there is a distinct need for prosthodontists. There are many instances where GDs can get in “over their heads”, ie the case is too complex or the patient too difficult/undesirable for the GD to work on.

IMPLICATIONS AND RECOMMENDATIONS

It is apparent from conducting these focus group sessions that the primary problem area facing the field of prosthodontics is some of the instructors currently teaching in the dental and graduate schools. Although other constraints exist which stifle the matriculation of dental students into prosthodontics, they appear relatively minor and can more readily and easily be addressed.

As a short-term solution, current instructors (especially many in prosthodontics) need to be re-trained through seminars or other means in “people-coach skills,” such as sensitivity training, motivational training and one-on-one communication. The current generation of dental students and graduate students are the leading edge of

Generation X coming down the pike and need to be treated in a more collegial manner. Introductory ceremonies, such as the one put on by one particular dental school, can go a long way in providing the kind of atmosphere that can lead to an increase in mutual respect.

For the most part, both dental and graduate students already admire, respect, and to a certain extent, are somewhat in awe of the skills, dedication, patience and work ethic of today’s prosthodontists and prosthodontics instructors. However, prosthodontics instructors must be shown that some sort of camaraderie with their students is critical, and to engender a supportive sense of “we are all in this together.” Instructors showing disrespect and adopting too much of a militaristic attitude in their teaching methods are not going to encourage more students to become prosthodontists. Perhaps, the major hurdle facing ACP is alerting and convincing current instructors that there is a significant problem with their teaching methods and the way they relate to students.

As part of a coaching-mentoring approach, current instructors should be encouraged through various means such as communications from ACP, to look for potential prosthodontists among the ranks of current dental students. Given a profile of the personality type that is most likely to be successful as a prosthodontist, current instructors could be trained in becoming advocates and mentors to those high profile candidates, as a strategic method of “growing the ranks” in prosthodontics.

In order to increase the chances for success of such an “early identifier” program, financial aid would need to be increased to students entering graduate study in prosthodontics. Increased stipends, tuition abatements, employment opportunities and outright grants are all financial incentives that could be offered to dental students to go on to graduate school and become a prosthodontist.

Additionally, as long as they are teaching, current instructors must also be required to attend some sort of continuing education courses or seminars that would provide them with more up-to-date information on various techniques and procedures. Included in the offerings could be courses in designing and giving student lectures and also updating and improving syllabi, which in some cases, were said to be 20 – 30 years old.

When full-time prosthodontic instructors retire, dental schools should be encouraged to hire part-time faculty who are better versed in the current techniques of the field, and who are adept in taking on a mentoring approach with students. This would be a stop-gap measure designed primarily to “stop the bleeding.” After a certain number of years, the hiring process could revert to hiring full-timers again. It goes without saying that any instructor who gets hired possesses the necessary “people-skills” to be able to relate to the students.

It seemed somewhat of an oddity that some of the dental students included in these focus groups were not all that familiar with prosthodontics and what a prosthodontist does. To remedy this, ACP should develop a communications program that would alert and inform incoming dental students about the merits of becoming a prosthodontist. A “prosthodontics club” or group might be a way of addressing some of these issues, as well as communications from ACP to dental students.

Additionally, because of the importance that current prosthodontists play in the “influencing process,” especially with offspring or other relatives who have already decided to enter the dentistry field, ACP should consider communications programs that would provide guidance to these “influencers” in how to answer questions and promote the specialty of prosthodontics.

Furthermore, outreach programs to local high school job fairs should be considered. Target students would be those that are detail-oriented, have artistic interests, enjoy working with their hands, or are thinking of engineering or health-related professions.”

ACP President Tom McGarry has charged the subcommittee to review the report, and to make recommendations to the Board of Directors at the February BOD meeting regarding necessary next steps and funding requirements.

Do we, then, suffer from an identity crisis in prosthodontics? Previous “surveys” by Dr. Howard Landesman, Dean at the University of Colorado School of Dentistry would suggest that an identity crisis exists with the lay public. Similarly, some of the findings from the survey

Continued on page 8

Recruitment *Continued from page 7*

above would suggest we may have a similar identity crisis with our own pre-doctoral students. In fact, of the 54 U.S. dental schools, only 56 percent of the schools have a department that has “prosthodontics” as a part of the department’s name, compared to 74 to 89 percent of the other specialty groups. And, of the Prosthodontics or Restorative Dentistry Departments in the U.S., only 65 percent of the Chairs of these departments are trained prosthodontists, and a mere 57 percent of the Chairs are members of the ACP. Perhaps we should each challenge the existing dental deans to consider reviving prosthodontics to the specialty status demanded by the ADA, and thereby placing “Prosthodontics” back into the department name, and making trained prosthodontists the leaders within the departments!

Finally, given the level of open full time faculty positions in the U.S. (over 400 for all dental schools), where will the future teachers of prosthodontics come from? Clearly, there have been reductions in the number of specialists in the military, formerly a good source for academic teachers. In addition, with the current lucrative nature of private practice opportunities, coupled

with an increasing disparity with academic pay levels, more graduates are entering private practice than ever before in the specialty! Finally, with increasingly difficult challenges we face in recruiting international faculty into the U.S. due to INS restrictions for obtaining the proper VISA status, and the overall “graying” of the existing prosthodontic faculty, a crisis clearly exists for the development of the futures teachers of the specialty.

Given the issues noted above, what is the ACP doing? First, the Subcommittee on Graduate Resident Recruitment continues to work towards possible solutions. Second, ACP President Tom McGarry initiated an aggressive fund raising campaign at the annual session in Hawaii to raise \$500,000 for the Education Foundation of the ACP. Contributions to the Education Foundation will be used for promoting graduate resident recruitment. As such, I am inviting you to invest in the future of the specialty, and invest in those who will ultimately replace us in our academic institutions and practices! Give to the ACP Education Foundation, and give generously!

A Revamped Education Foundation Works Towards the Future

The Board of Directors of the ACP Education Foundation met on November 17, 2000. At this meeting the Board approved the following mission statement for the Foundation:

The mission of the ACP Education Foundation is to improve overall dental health in the United States through dissemination of educational information to the general public and support for prosthodontic education, research and patient care.

The Board also considered candidates to be additional layperson representatives to the Board and the 2001 Foundation Board of Directors will include the following individuals:

- Dr. Ned Van Roekel, Chair
- Dr. David Felton
- Dr. Jonathan Ferencz
- Dr. David Eggleston
- Dr. Howard Landesman
- Dr. Harold Litvak
- Mr. Edward J. Cronin, Jr.
- Mr. William Ryan, Straumann USA
- Mr. David Rubino, Proctor & Gamble
- Mr. Robert Ganley, IvoclarNA
- Mr. Allen Steinbock, Whip Mix Co.
- Mr. Nick Lidskog, ASTRA Tech

ACP President, Dr. Tom McGarry, also attended the meeting and announced that a major priority of his term would be a major fundraising campaign for the Foundation with a goal of \$500,000 (100 ACP members each pledging \$5,000). All of the Foundation Board members present were the first to pledge their financial commitment (see the President’s Column for more complete details of the campaign.)

The next meeting of the Foundation Board of Directors will be in Chicago during the February Midwinter Meeting on February 24, 2001.

Education Foundation Donations

Donor	Amount	Donor	Amount	Donor	Amount
Dr. Stephen Bergen	\$5,000	Dr. George Colt	\$5,000	Dr. Larry Brecht	\$5,000
ACP Past President		ACP Member		ACP Member	
Mr. Edward Cronin	\$5,000	Dr. Burney Croll	\$5,000	Leonard Marotta	\$5,000
ACP Executive Director		ACP Member		Dental Studio	
Dr. David Eggleston	\$5,000	Dr. Cosmo De Steno	\$5,000	Anonymous Dedication	\$2,500
Foundation Bd. of Dir.		ACP Past President		Made in the name of	
Dr. David Felton	\$5,000	Dr. George Hribar	\$5,000	Dr. Harold Litvak	
ACP President-Elect		ACP Member		Anonymous Dedication	\$2,500
Dr. Jonathan Ferencz	\$5,000	Dr. Abraham Ingber	\$5,000	Made in the name of	
ACP Vice President		ACP Member		Dr. Steve Bergen	
Dr. Kenneth Hilsen	\$5,000	Dr. John Kois	\$5,000	Anonymous Dedication	\$1,000
ACP Member		ACP Member		Made in the name of	
Dr. Peter Johnson	\$5,000	Dr. Dennis Morea	\$5,000	Dr. Ralph Phillips	
ACP Past President		ACP Member		Anonymous	\$5,000
Dr. Richard Jones	\$5,000	Dr. Vincent Prestipino	\$5,000	Dr. Jerry Andres	\$5,000
ACP Treasurer		ACP Member		ACP Member	
Dr. Stephen Lehman	\$5,000	Dr. Robert Saporito	\$5,000	Dr. Harold Litvak	\$15,000
ACP Member		ACP Member		Foundation Bd. of Dir.	
Dr. Kenneth Malament	\$5,000	Dr. Farhad Vahidi	\$5,000	Dr. Susan Brackett	\$5,000
ACP Secretary		ACP Member		ACP Member	
Dr. Thomas McGarry	\$5,000	Dr. Jonathan Zamzok	\$5,000	Dr. Tom Balshi	\$5,000
ACP President		ACP Member		ACP Member	
Dr. Arthur Nimmo	\$5,000	Dr. S. Robert Davidoff	\$5,000	Dr. Glenn Wolfinger	\$5,000
ACP Immediate Past President		ACP Member		ACP Board of Directors	
Dr. Carl Schulter	\$5,000	Dr. Jon Finley	\$5,000	Dr. Julian Osorio	\$5,000
ACP Past President		ACP Member		ACP Member	
Dr. Bruce Valauri	\$5,000	Dr. Robert Rawdin	\$5,000	Dr. Howard Landesman	\$5,000
ACP Board of Directors		ACP Member		Foundation Bd. of Dir.	
Dr. Ned Van Roekel	\$5,000	Dr. Leonard Kobren	\$5,000	Dr. David Pfeifer	\$5,000
Foundation Bd. of Dir.		Non-Member		ACP Board of Directors	
Dr. Robert Wolfe	\$5,000	Dr. Marion Brown	\$5,000	Dr. Karen Bruggers	\$5,000
ACP Member		Dr. Dennis Tarnow	\$5,000	ACP Member	
Dr. Daniel Budasoff	\$5,000	ACP Member		Dr. Patrick Lloyd	\$5,000
ACP Member		Dr. Richard Smith	\$5,000	Editor of JP	
Dr. Vincent Celenza	\$5,000	ACP Member		Dr. Jonathan Wiens	\$5,000
ACP Member		Dr. Paul Fletcher	\$5,000	Oklahoma Section	\$5,000
Dr. Nancy Chaffee	\$5,000	Non-Member		of ACP	
ACP Member					

Educators/Mentor’s Seminar Strives to Strengthen the Specialty of Prosthodontics

The Educators/Mentors’ Seminar was held on Saturday, November 18, 2000. There were 37 participants. Dr. Robert F. Wright served as the moderator of the seminar, and a feature presentation by David Felton, D.D.S. on the ACP Task Force report on graduate student recruitment opened the program. Other presentations included:

- Dr. Tom Taylor, President of the American Board of Prosthodontics
- Dr. Bob Cronin – Student Recruitment
- Dr. Gary Goldstein – Graduate Medical Education Funding
- Drs. Carl Andres, Steven Aquilino, Nancy Chaffee and Wright – Laboratory Support for Advanced Education Programs in Prosthodontics

One item discussed in length was the challenge that many programs regarding laboratory support. The general consensus among program directors was that the ACP Board of Directors should consider a formation of an alliance of technicians. This alliance between technicians and prosthodontists could focus on the issues the specialty faces with regards to technological support.

Next year the Educators/Mentors’ Seminar is scheduled in conjunction with the Predoctoral Educators’ Seminar at the ACP Annual Meeting in New Orleans. Dr. Richard Seals, moderator for the Predoctoral Educators’ Seminar and Dr. Wright, moderator for the Educators/Mentors’ Seminar have worked together to coordinate this day for all educators. The goal of bringing these courses together is to encourage greater participation from all full-time educators and to further

discuss related issues such as student and faculty recruitment. There will be time set aside for issues that are critical to program directors of advanced education programs in prosthodontics. Department chairs and heads are encouraged to

participate and attend. Dr. Rex Smith of Astra Tech Implants provided a buffet breakfast for all program participants at the ACP meeting in Hawaii.

ACP Welcomes New Members

Student Members

- Dr. Jaber H. Akbar
- Dr. Hani. Al-Mazeedi
- Dr. Ahmad S. Bunashi
- Dr. Mijin Choi
- Dr. Hyle E. Donahue
- Dr. Dan C. Fong
- Dr. Eric A. Hall
- Dr. Brody J. Hildebrand
- Dr. Hyeongil
- Dr. David A. Lipani
- Dr. Simona A. Muresan
- Dr. Alexandra Raut
- Dr. Cory B. Sellers
- Dr. Virgil O. Vacarean
- Dr. Richard L. Zimmerman

Members

- Dr. Pedro J. Andujar
- Dr. Vali Allah Khadivi
- Dr. George Shelby White

Life Fellows

- Dr. Howard Joseph Charlebois

- Dr. Khalifa Al-Ansari
- Dr. David John Bartolovic
- Dr. Brian C. Butler
- Dr. Marcos Cid
- Dr. Mark W. Fagan
- Dr. Micheal P. Guizio
- Dr. Robert W. Harradine
- Dr. David S. Keen
- Dr. Joo H. Kwon
- Dr. Paul A. Longo
- Dr. Dimitrios Mylonas
- Dr. Christopher O. Register
- Dr. Elliot Singer
- Dr. Francesca Vailati

- Dr. Marion S. Brown
- Dr. Gerald M. Marlin
- Dr. Diane Chie Yoshinobu

- Dr. Huda Al-Hashimi
- Dr. Eva Darlene Boldridge
- Dr. David A. Choi
- Dr. Mary F. Costigan
- Dr. John J. Ference
- Dr. Barry H. Habib
- Dr. Andre A. Henriques
- Dr. Joe A. Khalil
- Dr. Tuk Chieh Lin
- Dr. Shwey-Chun Ma
- Dr. Ajay Ojha
- Dr. Malena Rodriguez
- Dr. Donald A. Somerville
- Dr. Miguel Vidal

- Dr. Daniel S. Budasoff
- Dr. Kimberly G. Robinson

Your Vote Counts

by Kenneth Kent, DMD, Speaker, House of Delegates

The 2000 House of Delegates meeting in the luxurious surroundings of Hawaii gave every member the opportunity to have their vote count. New officers and directors were elected for the year 2001. Delegates enacted key changes to the ACP Bylaws, changing the nomination and election process and maximum tenure for the Speaker and Vice-Speaker of the House of Delegates. The Composition of the Nominating Committee was also changed to include four recent delegates.

The House passed a new definition of the specialty of prosthodontics (see below) for submission to the American Dental Association, established the *Journal of Prosthodontics* as the official journal of the ACP and accepted a budget for 2001. Recommendations were considered for changes in the election process for the American Board of Prosthodontics Board Examiner, and guidelines for the establishment of a Dental Technician Alliance and a subcommittee on Graduate Student Recruitment were considered and referred back to committee.

New policy statements were considered and will require modification prior to consideration by the 2001 House of Delegates. The full minutes of the 2000 House of Delegates Meeting are included as an insert in this issue, as well as posted on the ACP members only Web site at www.prosthodontics.org.

The proposed definition for the specialty of prosthodontics to be submitted to the American Dental Association (ADA) for approval as the official definition for the specialty of prosthodontics is as follows:

Prosthodontics is the dental specialty responsible for diagnosis, treatment planning, rehabilitation and maintenance of patients with complex clinical conditions, using biocompatible substitutes, including implants, to replace missing or deficient teeth and/or craniofacial tissues.

A special thanks and acknowledgement are offered to our staff, officers and directors and especially to the following members of the College who devoted their time and effort to conducting the business of the College in Hawaii:

- Dr. John Ivanhoe, Vice-Speaker of the House of Delegates for the past four years.
- Dr. Richard Seals, Parliamentarian and newly elected Vice-Speaker of the House of Delegates.
- Reference Committee Chairs and Secretaries—Drs. Greg Guichet, Kevin Kopp, Robert Wright, Gerry Hill, Richard Seals and Bob Ahlstrom

DELEGATES

Dr. John Agar	Dr. Michael Mansueto*
Dr. Robert Ahlstrom	Dr. Irena Mausner
Dr. Susan Brackett*	Dr. Mo Mazaheri
Dr. Larry Breeding	Dr. Donald Mitchell
Dr. Michael Brenyo	Dr. Assad Mora
Dr. Mary Brosky*	Dr. Dennis Morea
Dr. Karen Bruggers	Dr. Dean Morton
Dr. Stephen Cohen	Dr. Laurie Mueller
Dr. Joseph Cooney	Dr. Fred Muenchinger
Dr. Donald Crabtree	Dr. John Murrell*
Dr. Geoffrey De Gennaro	Dr. Dennis Nilsson
Dr. James Emerson	Dr. Julian Osorio
Dr. David Felton*	Dr. Joyce Palik
Dr. Al Fehling	Dr. John Phelps
Dr. Scott Ganz	Dr. Mark Pigno
Dr. Wayne Gardner	Dr. David Pfeifer
Dr. Greg Guichet	Dr. Rodney Phoenix*
Dr. Steven Hahn	Dr. Paul Pokorny
Dr. James Holtan	Dr. Lance Ramp
Dr. Stephen Iannazzo	Dr. Donald Ridgell
Dr. Takeo Iwata	Dr. Carl Schuler
Dr. John Ivanhoe	Dr. Richard Seals
Dr. Michael Johnson*	Dr. Dennis Sherraden
Dr. Raymond Koeppen	Dr. Peter Stilleto
Dr. Kevin Kopp	Dr. Glen Turner
Dr. Paul Kudyba	Dr. Doug Verhoef
Dr. Ken Kurtz*	Dr. John Ward
Dr. Bill Lefler	Dr. Charles Wilcox*
Dr. Todd Lerner	Dr. Robert Wright

Alternate delegates are indicated by an *.

I look forward to full Section and Delegate representation at our next House of Delegates meeting in New Orleans, October 31-November 3, 2001.

ADA/ACP ACTIONS OF THE 2000 HOUSE OF DELEGATES

Significant actions were taken at the American Dental Association (ADA) House of Delegates meeting this past year. The following resolutions are of particular interest to members of the ACP and were issues that were actively lobbied by the ACP Officers and Professional Liaison Committee members.

RESOLUTION 20H-Created a new ADA policy
Reimbursement schedules and claims documentation requirements should be placed on procedures performed by the dentist and not on the specialty status of the dentist performing them.

IMPACT—ADA policy is now that there should NOT be any differential of reimbursement levels between specialist and generalists. Reimbursement levels should be established by the procedure code submitted without regard to educational status or Board certification. This issue was actively lobbied in the Dental Specialties Group with the American Association of Orthodontics (AAO) doing much of the behind the scenes work. The officers of the ACP along with the members of the Professional Liaison Committee assisted the AAO in modifying the original motion that was more onerous than the completed action.

This new ADA policy reinforces the need to continue to DEFINE THE SPECIALTY BY DIAGNOSIS AND NOT BY PROCEDURE. The utilization of the CLASSIFICATION OF COMPLETE EDENTULISM AND PARTIAL EDENTULISM will be critical in identifying the role of the specialty of prosthodontics in total patient care.

This policy will probably be a benefit to many prosthodontists as the scope of practice expands and overlaps with other areas of dentistry, especially those prosthodontists providing surgical implant therapy. This policy parallels medicine, in that, clinical privileges are granted on the basis of credentials and training.

RESOLUTION 7H-Created new ADA policy

Surviving spouses should be allowed to own a dental practice for two years following the death of a spouse who owns or has an ownership interest in a dental practice.

IMPACT—Most state dental practice acts do not allow for non-dentists to own or have an ownership interest in a dental practice. This policy recommends that states allow the surviving spouse to operate a practice for up to two years to assist in the orderly transfer of the practice. The economic impact of a death of a practicing spouse on a family is extreme and this policy will encourage state dental acts to allow the family to sell the practice in an orderly fashion to minimize the financial impact of a forced sale. The ACP supported this action.

RESOLUTION 9H-

The ADA is going to study the issue of "MEDICAL ERRORS" and respond to the 2001 House of Delegates with a report.

RESOLUTION 14H-Created new ADA policy

The ADA supports the right of appropriately trained dentists to administer conscious sedation, deep sedation and general anesthesia.

IMPACT—There has been movement in Europe to restrict the administration of various types of anesthesia by dentists. In addition, there is a growing trend toward restricting operator anesthesia which would require an additional trained professional to deliver anesthetic services. The safety record of dentistry in all types of anesthesia services is outstanding and does not require restriction and its associated increase in costs to our patients. The ACP supported this resolution.

RESOLUTION 55H-

This resolution dealt with shade selection procedures by laboratory personnel. It establishes proper sterilization procedures.

IMPACT—This resolution provides guidelines for laboratories to follow when they are in direct contact with patients when assisting shade verification procedures. The ACP supported this resolution.

RESOLUTION 64H-Created new ADA policy

It is the policy of the ADA to eliminate human subjects in clinical licensure examinations by the year 2005.

IMPACT—It is ADA policy that all states and examining bodies eliminate the use of human subjects in licensure examinations. This will promote the use of simulated exams and the further use of technology to insure clinical competence. The ACP supported this resolution.

RESOLUTION 84H-Created new ADA policy

The ADA opposes mandating the elimination of currently used intra-oral injection devices until an appropriate, safer device has been developed, tested and proven to be safer by appropriate regulatory and testing agencies.

IMPACT—With the introduction of computer monitored injection systems, there was some activity to mandate their use. This policy opposes any such restriction of current methodologies with proven records of safety and efficiency. The ACP supported this resolution.

RESOLUTION 87H-

The ADA within its agencies will study the issue of XEROSTOMIA and present its findings to the 2001 House of Delegates.

IMPACT—With a substantial portion of all prosthodontic patients suffering with XEROSTOMIA, this study will impact prosthodontic practice significantly. Our members have considerable expertise in this area and should be consulted. The ACP supported this resolution.

ACTION—The ACP will make every effort to be involved in this study and assist the ADA as appropriate.

ACP Partners With The American Dental Association

The following is a list of ACP actions for the coming months in conjunction with the American Dental Association (ADA)-related projects and events:

- Respond to a call for input to the ADA strategic plan—*due date March 15, 2001.*
- Respond to a challenge to the ACP CERP accreditation—*due date January 15, 2001.*
- Respond to an announcement of the ADA Editors meeting on February 22-23, 2001—*due date February 2, 2001.*
- Respond to the Commission on Dental Accreditation for a meeting January 30, 2001—*due date December 22, 2001.*
- Respond to the Review Committee on Prosthodontic Education conference call on January 5, 2001—*due date December 19, 2001.*

- Respond to a call to establish new standards for Prosthodontic Graduate Program Reviewers—*due date February 25, 2001.*
- Respond to a call to attend the Specialty Certifying Boards meeting on August 20, 2001.
- Respond to a call for nominations for the 2001 Norton Ross Award for Excellence in Clinical Research—*due date June 1, 2001.* This award has a \$5,000 stipend. Please contact Arthur Nimmo, chair of nominations committee, with nominations.
- Coordinate the next meeting of the Dental Specialties Group at the ADEA meeting in March 2001.

The Needs of Life Insurance

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

A question not often asked by individuals, particularly insurance people, but which is inherent in all financial planning is: "Just why do people save money, why plan for the future, and why not let each day take care of itself?" There are really four major reasons why people save money: for emergencies, disability, retirement, and death. Consciously or unconsciously, every person knows that these hazards are ever present and should be recognized, planned for, and guarded against.

First, people save for emergencies, such as a costly illness, accidents or casualties, temporary loss of earnings or some other emergency that strikes without warning and requires immediate cash expenditures.

Second, they save for disability, in case the principal income producer becomes unable to work and earn. (This is a particularly serious hazard to the professional, who must rely primarily on his/her personal service earnings.)

Third, they save for their retirement and old age, so that they will have income and property when they cease full-time work and have the opportunity to enjoy their retirement.

Fourth, they save for death, so that their families will have some income and economic security as a family unit, if premature death keeps them from carrying out their long-range plans.

In this article, I would like to discuss income and economic security needed by a family in the event of death.

Life insurance is the one form of property which a dental specialist can acquire at a modest cost, can pay for on a program suited to his/her needs and ability to pay, and will increase substantially in value as he/she lives.

"Permanent" insurance can be available to his/her family in cash or income upon death. An immediate estate can be created for pennies on the dollar through the use of life insurance.

The needs of life insurance are many and can be analyzed with a competent planner. The dental specialist must be concerned about the need to replace potential earnings, which can be dramatic when death occurs. These potential earnings could be millions of dollars. Dollars are needed to pay off debt, mortgages, educational funds, cash for readjustment periods, and income to their family. How much life insurance does a dental specialist need? That is a question that cannot be answered in the abstract. The answer will depend on his/her standard of living, present obligations, age of children, and other personal factors.

If funds to pay premiums were unlimited, it would be quite simple to make recommendations based on potential earnings. However, funds available for premiums are generally limited and most life insurance programs

will probably consist of a compromise between the amount needed and the amount the dental specialists feel they can afford. In the initial years, funds actually available for insurance premiums will not be as great, and more than likely, term life insurance with its lower premium structure may be the recommendation. There are many kinds of term insurance available and professional advice is usually recommended. Usually, term insurance that is convertible is recommended as the individual may need to continue the program at some time in the future, and the opportunity to convert to permanent insurance without medical requirements will be necessary.

An adequate life insurance program should be adopted as early as possible in order to take advantage of the lower premium and also to make sure it is acquired while the dental specialist is still insurable. It is better, if possible, to incorporate some amount of permanent life insurance as it has been proven that most individuals need life insurance for long periods of time. It also provides the dental specialist with funds for emergencies, education, and/or investment opportunities.

Usually, financial planning throughout the lifetime of a dental specialist will involve many different types of life insurance. Quite often, combinations of the various types of life insurance make the most sense and provide protection needs at particular times. A few of the different types of life insurance available are:

- **Term Life Insurance** (as mentioned before, many types and different benefit periods are available)
- **Permanent Life Insurance** (whole life and limited pay)
- **Universal Life Insurance** (combination of term insurance and side fund)
- **Variable Life Insurance** (mortality charge and a funding option, usually involving the stock market)
- **Survivor or Last to Die** (this plan of insurance is one of the most unique plans established in the past few years and is an excellent way to provide liquidity for estate taxes)

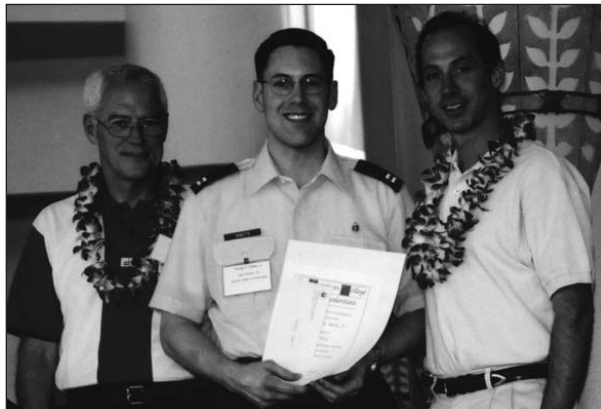
I will end the article with a statement that your life insurance planning is not static—it is an activity that continues to grow and change directions as the family group continues to live, work, earn, and acquire property. Treloar and Heisel, Inc. representatives are available for consultations.

For additional information or discussion, please call Treloar and Heisel, Inc. at (800) 345-6040.

Award Winners from the 2000 Annual Session

The ACP would like to acknowledge and offer congratulations to the following individuals for their accomplishments during this past year:

The John J. Sharry Research Competition



Drs. Ned Van Roekel (left) and Lyndon Cooper (right) present The John J. Sharry Research Award to Dr. Donald W. Sheets (center).

Best of the Best Student Prosthodontic Award



Ms. Deborah Kelly of WaterPik Technologies with the recipient of the Best of the Best Student Prosthodontic Award, Dr. Scott Dyer.

ACP Distinguished Service Award



Past President Arthur Nimmo (right) presents the 2000 ACP Distinguished Service Award to Dr. Robert Alhstrom (left).

ACP Distinguished Lecturer Award



2000 Annual Session Chair Dr. Ana Diaz-Arnold presents the ACP Distinguished Lecturer Award to Dr. Kenneth Anusavice.

Table Clinic Award



Table Clinic winner Dr. Steven Keesee (right) with Dr. Michael Mansueto (left), ACP's 2000 Table Clinic Chair.



Past President Nimmo with newly inducted ACP honorary member Dr. Hans-Peter Weber.



Annual Session Chair Arnold with Past President Nimmo at the annual luncheon.



Past President Nimmo with the ACP Presidents Award recipient Dr. Peter Johnson.

MEMBERS IN THE NEWS



Select Leaders from the prosthodontic community gathered in Denver, CO from January 12-14, 2001 for an intensive and thought-provoking, three-day strategic planning retreat. A complete summary & strategic is under development and will be distributed to the entire prosthodontic community within the coming months.



Left to right: **Drs. Robert Wright; Graz Griglio**, ACP New York Section President; **Todd Lerner**, ACP New York Section Treasurer; **Jim Farer**; and **Jonathan Ferencz** at the ACP New York Section Meeting.

Dr. Deron Ohtani of Honolulu, Hawaii has been appointed as Chair of the American Dental Association (ADA) Council on Dental Education and Licensure.

Drs. Thomas Balshi and **Glenn Wolfinger** of Prosthodontics Intermedica of Fort Washington, Penn. has been recognized for their charitable work in the Philadelphia Inquirer. The Prosthodontics Intermedica Foundation has been treating disadvantaged patients with a wide range of special needs, and offers treatment options that they couldn't have received otherwise. The article has generated numerous calls and inquiries to the practice from prospective patients with similar needs.

Dr. William B. Butler of Nashville, Tennessee has been appointed Dean of Meharry Medical College School of Dentistry. Dr. Butler is a current Diplomate of the American Board of Prosthodontics & Fellow of the ACP.

ADVERTISING POLICY

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

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

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

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

ACP Headquarters

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

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CLASSIFIED ADVERTISEMENTS

EMPLOYMENT OPPORTUNITIES

Providence, Rhode Island

Unique opportunity to associate with two prosthodontists in a quality practice with highly-skilled staff. Leading to partnership. Located in Providence, which *Money Magazine* recently named Providence the best place to live in the East. *USA Today* has listed the city as being among the country's five renaissance cities. You are invited to apply to join a practice that is well-respected and well-established. Write to Dr. Morton L. Perel and Dr. Barbara M. Bilder, 116 Wayland Avenue, Providence, RI 02906 or email implantsmp@aol.com. We encourage serious inquiries for interviews.

Palm Desert, California

Opportunity available for full-time position in Palm Desert, California. Interesting and exciting group practice environment with full laboratory support staff. Contact Dr. Bob McLachlan at (760) 568-5928.

FOR SALE

Bakersfield Practice

Bakersfield private practice for sale. Best location on the west side. Fee for service. 4 Ops. Well-designed and state-of-the-art throughout. Coll. 60/65K. Dentist relocating. Contact (949) 729-0670.

Denver, Colorado Area (Southeast Suburb) Practice

Prosthodontic practice, buy-in/buy-out. Gross \$800k. Contact: Peter Mirabito, DDS, Precise Consultants at (800) 307-2537.

Dental equipment

Denar mechanical pantograph with remote CO2 power supply. Excellent condition (used four times). Includes Denar reusable clutch system. Denar D5A fully adjustable articulator with slidematic Facebow system. \$1900/OBO. Interested parties should contact (810) 979-4700.

CONTINUING EDUCATION

April 2-3-4, 2001

Three-day surgical training in private practice, sponsored by The Institute For Facial Esthetics, presented in Fort Washington, Penn. by Thomas J. Balshi, DDS, FACP and Glenn J. Wolfinger, DMD, FACP. Live surgeries with FIXED TEETH THE DAY OF IMPLANT AND PLACEMENTS; lectures, slides, hands-on training. For more information, call (215) 643-5881.

Calendar of Events

2001 February

- | | |
|---------|---|
| 9 – 10 | 1 st Interdisciplinary Care Conference
Dallas, TX |
| 18 – 21 | ABP Certification Exam
Chicago, IL |
| 22 – 25 | Chicago Dental Society Midwinter Meeting
(ACP Course – February 22)
Chicago, IL |
| 25 – 26 | ACP Board Meeting
Chicago, IL |

May

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

- | | |
|---------|--|
| 20 – 23 | Pacific Coast Society of Prosthodontics Annual Meeting
Lake Tahoe, NV |
|---------|--|

October

- | | |
|---------------------|---|
| 13 – 17 | American Dental Association Annual Meeting
Kansas City, MO |
| Oct. 31 –
Nov. 3 | ACP 2001 Annual Session
New Orleans, LA |

Messenger Schedule

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

The ACP Messenger

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Messenger

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

Annual Session 2000

ACP Studies Trends in Post-Graduate Resident Recruitment in Prosthodontics

ACP Installs New Officers For 2001

Education Foundation Works Toward the Future