A year ago came 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’s 30th annual meeting.

The installation of the ACP 2001 Board of Directors: Drs. Thomas McGarry, 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 Wolffinger, Public and Professional Relations Director.

As a new year begins, 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 our 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 and creating 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’s luncheon. This will be an 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; Des. David Felton, President-Elect; Jonathan Ferencs, 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.

• Friday’s luncheon provided an opportunity to recognize 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. Keesser, Remember, it only takes 10 Drs. Alberto Ambrad & Ju-Chin FanChiang. 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.

Annual Session 2000—An Astounding Success

Post-Graduate Resident Recruitment in Prosthodontics:

by David A. Fallon, 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 prosthodontics is 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 U.S.-trained applicants and international applicants affect the future of the ACP? Third, what factors do post-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 1996-97 entering classes. Recent trends for other specialty programs are listed in Table 1. Ordy 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

Table 1

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Applications</th>
<th>Enrollement</th>
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</thead>
<tbody>
<tr>
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<td>-40.2%</td>
<td>-31.7%</td>
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<tr>
<td>Perio</td>
<td>-47.7%</td>
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</tr>
<tr>
<td>AEGD</td>
<td>+64.7%</td>
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<tr>
<td>Endo</td>
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<td>OMFS</td>
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</tr>
<tr>
<td>Ortho</td>
<td>-3.9%</td>
<td>-2.8%</td>
</tr>
<tr>
<td>Pedo</td>
<td>+119.3%</td>
<td>+11.3%</td>
</tr>
</tbody>
</table>

In order to maintain and grow the field of prosthodontics, each of us has different skills and desires, but no matter what your individual goal is, we all need to devote a portion of our professional lives to advancing the specialty. This is something that is extremely important and has been especially true for the specialty of periodontics. In order to maintain the specialty, it is crucial to develop and maintain a strong interest in periodontics.

With the tremendous demand for our expertise, our specialty needs to be recognized as a specialty that is needed and valued by the public. This is something that is extremely important and has been especially true for the specialty of periodontics. In order to maintain and grow the field of prosthodontics, each of us has different skills and desires, but no matter what your individual goal is, we all need to devote a portion of our professional lives to advancing the specialty. On this point, 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 not longer. During the Board meeting of the Foundation, every member of the Foundation including our new Executive Director personally pledged $5,000, all 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 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 second 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 demand for our expertise, our specialty needs to be recognized as a specialty that is needed and valued by the public. This is something that is extremely important and has been especially true for the specialty of periodontics. 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 total 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 secure the integrity of the specialty of prosthodontics.
The ACP Welcomes New Staff

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 as a dental specialty. Her future plans include going back to school to work towards her Associate's degree in Business Administration.

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

Executive Director’s Message

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)
- A rebate of all, a 2.5% 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.

Editor’s Message

So Much to Do, So Little Time!
by DAVID A. FELTON

W ow! 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 Dias-Greco, 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, recertified 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, please 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, consider giving of your financial resources. 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 a legacy for their professional careers.

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 want 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.

Given Leadership, and Creating a Legacy

Your generous gift elevates you into a position of leadership within the ACP. Although the College is not endowed with financial resources 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.

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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 enhanced 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 periodicals. 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.

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Awards 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.
ACP Installs New Officers for 2001

Dr. Thomas J. McGarry, D.D.S., M.S.

President

Dr. Thomas J. McGarry 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 1986. Dr. McGarry is a fellow of the Academy of Osseointegration and a Diplomate of the American Board of Prosthodontics. He is a member of the Northeastern Gnathological Society, the Northeastern Prosthodontic Society, and the American College of Prosthodontists. He has served on the ACP Board of Directors serving as President for 2001. He currently chairs several committees including the Department of Postgraduate Prosthodontics and the Education Division.

Dr. 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 at Postgraduate Prosthodontics at Tufts University School of Dental Medicine, and maintains a full-time prosthodontic private 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.

Dr. 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 Academy of Osseointegration.

Advantage

ASTRA TECH

The Formula for Simplicity,
Reliability and Esthetics

The elegantly simple Astra Tech Dental Implant System means few interchangeable components, streamlined instrumentation and simpler handling while meeting every clinical demand and restoration protocol. It provides simplicity with the flexibility to create customized restorations.

The implant technology combines the ideal thread design, Microthread™, and optimal surface roughness, TiOblast®, creating positive bone stimulation and increasing load-bearing capacity. The self-guiding Conical Seal Design™ of the abutment-fixture joint provides a tight and biomechanical stable connection.

The result: Maintaining marginal bone and gingival architecture.
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.
Recruitment
Continued from page 1

and an increase of 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 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 US was assembled, and consisted of Drs. John Agar, Alan Carr, Bob Cronin, Jonathan Ference, Gary Goldstein, Juan Loza, Carlo Scala, Diane Secunda, Norma Weir, and Yomise Yanase. The task force developed and circulated a Graduate Program Director Survey to all postgraduate Program Directors, and received an 85.7 percent response rate.

The survey reported the following for the program preliminary trained:

1. The mean number of residents per year is 2.94.
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 residents, and 50 percent with that of internationally trained students. 90 percent of the Program Directors were satisfied with the incoming 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, and 42 percent a U.S. DDS/DMD, GME training and private practice experience.
6. There was a reported mean year of 245 U.S. trained applicants per year for the postgraduate program, compared to a five year mean of 565 international applicants per year (145 ± 9.98 percent).
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, 6 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 applications of applicants (U.S. or internationally trained) has changed over the past five years. The ADA data would suggest that this change 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 is no correlation between the levels of stipends offered, level of enrollment, length of program, class rank of applicants or U.S. vs. international students.
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 a plan of action was necessary to determine if the factors that led to 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) 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 selection of a particular specialty (compared to alternative 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 project and the task force selected six 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, 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, and the ACP, was charged to identify the members of the ACP subcommittee.

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

**Rationale for Going into Dentistry**

- People become dentists for a variety of reasons.
- For the most part, the dental school experience has been a major attraction of being a dentist. Some of the other reasons why students came to dentistry includes, patient contact and “doing something good for someone.”
- A student’s interest in a medical area and the opportunity to do something artistic has a draw for those who are interested in dental prosthodontics.
- Career changers are also attracted to dentistry.
- After realizing that the subject area initially studied was not as appealing as once was believed, those with the academic aptitude find that becoming a dentist is more interesting and challenging than the thought originally given. Interestingly, several of the group participants had already embarked on careers in engineering or science 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 in being in dentistry were the respect given a dentist by patients and the opportunity to exhibit some degree of artistic expression. As a result, many agreed that prosthodontics was the profession of choice.
- Others like the feeling of being in control of the situation when working on a patient.
- For the most part, the dental school itself, however, was not looked upon as favorably as the actual profession. Among the positive cite were some of the more unique experiences such as the mental anxiety and preoccupation linked to the camaraderie among classmates as being key to getting through the experience. Others were able to completely identify with the support staff, and for several of the schools, the number of students in the class. One school was particularly proud to be able to select every student for its unique opening day ritual when the school host a ceremony in welcoming incoming students 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 comes to the instructors at the dental school, both the students and graduate students were not particularly pleased, especially with those teaching in the prosthodontics department. Both students and instructors voiced about prosthodontics teachers were the quality of the lectures, the militaristic treatment of students, the lack of respect for students and their choice of 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 feeling that was evident among the prosthodontics instructors. This was true of both 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**

- For those in universities 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. However, in only this case, the decision is between becoming a general dentist or specializing in one of the many subspecialties. This is especially true as in these other situations, mixed emotions emerged.
- Proponents of either side of the dental specialty decision are offered compelling arguments to support their choice was both and was readily recognized that either option was viable and available to them.
- Some argued that becoming a prosthodontist is a good option for someone interested in prosthodontics.
- Others 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 prosthodontist is a critical role in the decision-making process. Not only are the work hours of a dentist more attractive, but the idea of dealing with the camaraderie among classmates as being key to getting through the experience.
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-making process that it also has a place in determining which dental specialty to enter. Many will opt to become a general dentist because it is the most ideal, but others may want to lead a different path. Still, for others, this decision is a matter of a process of elimination as they take a look at the various specialties and consider how well it seems to fit them and their interests.

In addition, the influence of family and friends may also play a role in determining which dental specialty to enter. Not only getting into dentistry initially, but also which specialty might be chosen. In particular, family members can have an influence in students choosing to have a great deal of influence on their off-

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 par-

ticipants seem to feel that general dentists became more involved on a personal level with their patients than some specialties. In other cases, work was also mentioned frequently as a reason for being a general dentist. They recognized that a specialist must have an interest in the subject and be chosen in which areas they did or did not like and then pass off the undesirable procedures. The flexibility of general dentists allows them to change their approach to whatever is needed by the patient, whereas a specialist must become a specialist or not.

Prosthodontists are the type of person that would fit most closely with being a prosthodontist. When being a perfectionist, detailed, a person who is dedicated to the lab work involved in creating prosthetics 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 not a totally recognized and held in high regard by many members of these focus groups. The group members seem to almost be somewhat in awe of the professional level of work that they do. The majority mentioned that the group 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 dental student must be very dedicated. Prosthodontists have to thoroughly enjoy the lab work and per-

cieved long hours that come with the job. Moreover, prosthodontists must welcome the challenge of learning to be their own boss, and a personality that is aggressive and dominant. In addition, they must be prepared to learn a personality that is most likely to be chosen by the instructor. Students seem all too busy learning to be dentists to think about this type.

Reasons For Not Selecting Prosthodontics

Prosthodontics is not chosen as a specialty by den-

2al students for a number of reasons. First, there is the perception and/or recognition that a gener-

(Continued on page 8)

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Generation X coming down the pike and need to be treated in a more collegial manner. 

For the most part, both dental and graduate stu-

bents talked about their prosthodontics teachers. Several examples were noted where students had taken the courses they were teaching, but not really enjoyed the course. The students mentioned that the courses they were teaching were a lot of work and that they were not interested in learning the course material. Some students were not even familiar with the subject matter and were not interested in learning more about it. In other cases, students were not interested in learning the course material because they felt that it was not going to be helpful to them in their future careers.

In addition, the influence of family and friends may also play a role in determining which dental specialty to enter. Not only getting into dentistry initially, but also which specialty might be chosen. In particular, family members can have an influence in students choosing to become a specialist or not.

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(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 depart-
ment. The main reason for this, according to the ACP, is they may not see the
need to support the specialty. And, of the Prosthodontists or Restorative Dentistry Departments in the U.S., only 65 percent of the Chairs of these departments are trained prosthodon-
tists. Furthermore, the Chairs of the specialty groups (e.g., ACP, PCA) should
consider reviving prosthodontics to the specialty status demanded by the ADA, and
thereby provide these Chairs with the necessary funding and support.

The goal of bringing these groups together was that the ACP Board of Directors
would consider the formation of an alliance of technical support educational
organizations. This alliance would help to centralize the funding and sup-
port. The general consensus among program directors was that many programs regarding laboratory support are running at a loss. 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 described above, First, the Subcommittee on Graduate Resident Recruitment continues to work towards possible solutions. Second, President Tom McCarty initiated an aggres-
sive 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 appealing to all of you to invest in the future of the specialty, and in
those who will ultimately replace us in our academic institutions and prac-
tices! 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 addi-
tional 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 Ference
Dr. Edward Eggleton
Dr. Howard Landesman
Mr. Harold Litvak
Mr. Edward J. Cronin, Jr.
Mr. William Ryan, Straumann USA
Mr. David Rubino, Procter & Gamble
Mr. Robert Ganley, IvoclarNA
Mr. Allen Steinbock, Whip Mix Co.
Mr. Nick Liddog, ASTRA Tech

ACP President, Dr. Tom McCarty, also attended the meeting and announced that a major priority of his term would be a major fundraising cam-
paign 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.

ACP Welcomes New Members

Student Members

Dr. Jaber H. Akbar
Dr. Hani A. Alameddine
Dr. Ahmad S. Bunashi
Dr. Mijin Choi
Dr. Hyle E. Donahue
Dr. Dan C. Fong
Dr. Eric A. Hall
Dr. Brody J. Hildebrand
Dr. Hyonong K. Hwon
Dr. David A. Lipani
Dr. Amna M. Muresan
Dr. Alexander B. Raut
Dr. Cory B. Sellers
Dr. Virgil O. Vacarean
Dr. Michael A. Vicker
Dr. Richard L. Zimmerman

Members

Dr. Pedro J. Andujar
Dr. Vahid Khadivi
Dr. George Shelby White

Non-Member

Dr. Rafael J. Atienza
Dr. Robert Saporito

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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 in the making of the future of our profession. The officers and directors were elected for the year 2001. Delegates elected key changes to the ACP Bylaws, changing the nomination and election process and making many other changes in the election process for the American Board of Prosthodontics Board Examiner, and in the American Board of Oral and Maxillofacial Surgery. A special thanks and acknowledgement are offered to our staff, officers and directors 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 constitute the business of the College of Hawaii.

Dr. John Ivashone, 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 Mauser*

Dr. Susan Brackett*—Dr. Mark Mazaheri

Dr. Larry Breeding—Dr. Donald Mitchell

Dr. Michael Breyno—Dr. Assad Moraa

Dr. Mary Brooks—Dr. Dennis Morea

Dr. Karen Bruggers—Dr. Dean Morton

Dr. Stephen Cohen—Dr. Dennis Nilsson

Dr. Joseph Coveney—Dr. Julian Osorio

Dr. Donald Crabtree*—Dr. Dennis Morea

Dr. Geoffrey De Gennaro—Dr. John Murrell*

Dr. James Emerson—Dr. Dennis Nilsson

Dr. David Felton*—Dr. John Murrell

Dr. Al Feiling—Dr. John Phelps

Dr. Scott Gantz—Dr. Mark Pigno

Dr. Wayne Gardner—Dr. David Pienfei

Dr. Greg Guichet—Dr. Rodney Phoenix*

Dr. Steven Hahn—Dr. Paul Pokorny

Dr. James Holton—Dr. Lewis Pope

Dr. Stephen Iannuzzo—Dr. Donald Ridgel

Dr. Takei Iwata—Dr. Carl Schulter

Dr. John Ivanhoe*—Dr. Dennis Sherraden

Dr. Michael Johnson*—Dr. Dennis Sherraden

Dr. Raymond Koeppen—Dr. Peter Stiletto

Dr. Kim Kopp—Dr. Glen Turner

Dr. Paul Kuchle—Dr. Doug Verhoef

Dr. Ken Kurtz*—Dr. John Ward

Dr. Bill Leffer—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.
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 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.

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**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:

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

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

- **Table Clinic Award**
  - Table Clinic winner Dr. Steven Keesee (right) with Dr. Michael Mansueto (left), ACP’s 2000 Table Clinic Chair.

- **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.

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

CLASSIFIED ADVERTISEMENTS

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.

Dental equipment
Denar mechanical pantograph with remote CO2 power supply. Excellent condition (used four times). Includes Denar reusable clutch system. Denar DSA fully adjustable articulator with sliding 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, FACD. Live surgeries with FIXED TEETH. THE DAY OF IMPLANT AND PLACEMENTS: lectures, slides, hands-on training. For more information, call (215) 643-5881.

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 plan is under development and will be distributed to the entire prosthodontic community within the coming months.
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