



# Reflections from Four Decades of the American College of Prosthodontists

*In Celebration of the 40<sup>th</sup> Anniversary of the  
American College of Prosthodontists*

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## Foreword

The American College of Prosthodontists has a history rich in tradition and achievement. Many special and talented individuals – clinicians in private practice, educators and students, researchers, friends and corporate partners – have contributed much to the College and to our specialty, and we gratefully acknowledge all of them.

We have gathered information from many sources to create an accounting of the highlights from the past 40 years in honor of the 40<sup>th</sup> anniversary of the College. This history is intended as a living electronic document that can be revised and updated as needed by those who follow. It is hoped that this overview of major events from the past four decades provides a representative glimpse of the enormous impact our College and our specialty have had in shaping dentistry as we know it today.

Also, included in this document is a timeline of the major historical events from the College's past and reflections from eight ACP Presidents, as previously published in the *ACP Messenger*.

– *David L. Pfeifer, D.D.S., M.S., M.Ed., F.A.C.P., ACP President*

## Table of Contents

Foreword .....	3
The Early Years .....	5
Impact of Changing Governance .....	5
The Role of the American Board of Prosthodontics and the Council for the American Board of Prosthodontics .....	7
ACP Education Foundation.....	9
The Journal of Prosthodontics.....	10
Defining the Specialty .....	11
Assuring the Integrity of the Specialty .....	12
Serving the Specialty and Discipline of Prosthodontics .....	14
ACP Mission and Values.....	15
Timeline of Historical Highlights .....	16
Reflections from ACP Past Presidents.....	21

## *The Early Years*

Past President Robert Sproull (1984-1985) wrote two important articles<sup>1 2</sup> that chronicle the “Spartan” and tumultuous formative years of the College. A 1969 survey of Board Certified Prosthodontists found a need to establish an organization that would automatically recognize board certified members. This survey was initiated by Dr. Raymond J. Loiselle, who later became the first President of the ACP. The birth of the American College of Prosthodontists grew out of the desire to develop a specialty-recognized organization that would embrace diplomates of the American Board of Prosthodontics.

The founding leaders had tremendous insight. For example, they saw the need to be inclusive of all sectors of the specialty and the importance of diversity among the members of the first governing body. On October 23, 1970, the ACP became the Prosthodontic specialty organization recognized by the American Dental Association. During these early years, it can also be readily observed that the first leaders and majority of members were also members representing our Federal Services.

## *Impact of Changing Governance*

During the early years of the College, the construct of governance consisted of an Executive Council, comprised of titled officers and an annual meeting. Business meetings were held in conjunction with the annual educational meeting allowing for members to provide opinion regarding bylaws and policies of the College. An early concern was the sponsorship of the American Board of Prosthodontics (ABP) by the Federation of Prosthodontic Organizations (FPO) since some organizations representing the FPO were comprised of non-specialists. The Academy of Prosthodontics had transferred oversight of the ABP to the FPO in 1972. As the College witnessed growth in numbers and greater representation of specialists in the educational institutions and in private practice, the arguments became compelling that the College should assume the sponsorship of the ABP. Following the dissolution of the Federation of Prosthodontic Organizations, the ACP accepted the sponsorship of the American Board of Prosthodontics. A challenging transition followed in 1994.

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<sup>1</sup> Sproull, RC, ACP Messenger; Summer, 2001. Vol 32:3. Copyright 2006, American College of Prosthodontists

<sup>2</sup> Sproull, RC, ACP Messenger; Fall 2001. Vol 32:4. Copyright 2006, American College of Prosthodontists

With the dissolution of the FPO, the ACP formed the Prosthodontic Forum in 1994 to allow representation of all prosthodontic organizations with special interests in the discipline to address issues and concerns encompassing all of prosthodontics. Currently, the Prosthodontic Forum has seventeen member organizations that attend a leadership meeting held in conjunction with the ACP Annual Session. Today, Prosthodontic Forum member organizations have more than thirty thousand individual members.

During this time, the ACP governance also transformed to improve its membership representation, but not without some heated deliberations. For example, the appropriate size of this governing group was a contentious issue as the Executive Council expanded into a Board of Directors. In 1998, there was a move to downsize the number of Directors; however, an increase occurred to the original Board size the following year. Issues around perceived inefficiencies, sensitivity to the early term dismissal of a volunteer board member, and costs related to a larger governing group were part of the debate. Meanwhile, it became more important to have sufficient representation, diversity, and a larger pool of talent for ascending to positions of leadership, which was an essential learning experience for the College. Today, the Board of Directors is composed of seventeen members with three non-voting seats.

Similar debates also followed the ACP's House of Delegates. Originally, the House served to improve representation for the small-sized organization and achieved an initial effectiveness when compared to the long business meetings held with an open forum and little structure. The House was reasonably effective in the earlier years; however, even with the continued membership growth, it became readily apparent that membership representation was faltering. In 2005, the House had less than 20 members present barely meeting the necessary quorum to discuss and vote on bylaws and policies. Further, Section activities were virtually non-existent in many states. In 2006, the ACP House of Delegates, led by Speaker of the House Richard R. Seals and Governance Task Force Chair Jonathan P. Wiens, following lengthy deliberations voted to dissolve and hold its sunset meeting in 2007. This pivotal decision created a new governance structure for representation by seven regional directors (including the Federal Services and International Regions) that were elected to serve on the ACP Board of Directors.

The current governance structure has empowered our members with greater representation and input into the major changes and direction of the

organization. This governance transformation also improved the responsiveness of the Board of Directors to the concerns of members and renewed commitment to transparency of activity. At this point, there were major revisions of the existing bylaws to accommodate the transformation. This included general membership participation in both the nominating process and actual individual membership voting rights to establish new leadership and representation. During the past four years, Regions and Sections have become actively engaged in the College and its Sections, and there are greater opportunities for members to participate in leadership roles.

*The Role of the American Board of Prosthodontics and the Council for the American Board of Prosthodontics*<sup>345</sup>

Abbreviated and prepared by Dr. Jonathan P. Wiens, DDS, MSD, FACP

As the discipline of prosthodontics was evolving, it became apparent that there was a need to establish prosthodontics as a specialty of dentistry along with a method to ascertain the level of an individual's prosthodontic knowledge. Following preliminary organizational efforts in 1946, by the Academy of Prosthodontics at the request of the Council on Dental Education of the American Dental Association, officially established the Board as the specialty certifying body for prosthodontics. The American Board of Prosthodontics (ABP or Board) was incorporated in the State of Illinois February 21, 1947. The Academy of Prosthodontics selected nine Fellows to found the Board. The Board founders were: Drs. C.J. Stansbury, R.H. Kingery, O.M. Dresen, B.L. Hooper, D.W. McLean , F.C. Elliott, I.R. Hardy, C.O. Boucher, and R.W. Tench representing the Academy of Prosthodontics, the American Prosthodontic Society, and the Pacific Coast Society for Prosthodontics. There were 64 charter members of the Board Prosthodontics.

The Academy of Prosthodontics sponsored the Board Examinations for 25 years, a process that further refined and focused the specialty during this formative period. Recognizing the growing complexity of the prosthodontic specialty and the need for a broader Board membership base, The Academy of Prosthodontics, in 1972, transferred the sponsorship of the Board to the Federation of Prosthodontic Organizations (FPO). Upon the dissolution of the FPO at the end

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<sup>3</sup> Laney, WR. The History of the American Board of Prosthodontics, J Prosthet Dent 1972; 28:6556.

<sup>4</sup> Lang, BR. History, Information, and the examination requirements of the American Board of Prosthodontics. J Prosthet Dent 1984;52:21-7.

<sup>5</sup> ABP Bylaws and Certification Guidelines at [www.prosthodontics.org/abp](http://www.prosthodontics.org/abp)

of 1994, the American Board of Prosthodontics was transferred to the American College of Prosthodontists.

The mission of the ABP is to certify individuals who have demonstrated special knowledge and skills in prosthodontics. The Board also seeks to certify those who are committed to life-long learning and a lifetime of ethical practices, who value the doctor/patient relationship, who respect those with philosophical, cultural or physical differences and who are committed to the advancement of prosthodontics.

The ABP recognizes its responsibility to the profession and to the public and accepts this responsibility through the administration of an examination designed to identify individuals with the knowledge, skills and attributes deemed important to those who will be called Diplomates of the American Board of Prosthodontics. The goals of the ABP are to:

- Assure that Diplomates meet certain knowledge and skill criteria and issue certificates to these individuals indicating they have met the established criteria.
- Assure that Diplomates maintain continued proficiency in prosthodontics.
- Provide the public and profession with information regarding individuals who are Board Certified.
- Encourage the specialty to advance itself through Board certification.

The primary objective of the ABP continues to be the determination of the proficiency of eligible candidates who desire certification in prosthodontics. Since the first Board Examination was given 60 years ago, the Board has certified more than 1,700 Diplomates. Additionally, there are more than 600 prosthodontists who have become either become Board Eligible or are currently in the Board Examination process. The percentage of Active Diplomates by vocation reveals that 50% are in private practice, 36% are in academia and 14% are in the Federal Services.

Following the transition of the ABP to the sponsorship of the College, bylaws were established and initial agreement facilitated the influence of other prosthodontic organizations by recommending qualified nominees to serve on the ABP. This allowed for influence from non-prosthodontists with the nomination process and necessitated change. In 2002, President Jonathan Ferencz assigned a special committee to review the examiner election process and the representatives serving the ACP's Council of the ABP. The outcome restructured

the Council and a more diverse representation among Council members were codified in the Bylaws. The outcome was readily apparent with the selection of our first well-qualified female examiner.

The American Board of Prosthodontics remains a separate entity apart from the College and has been responsive to the changing demands as it has witnessed an increase in the number of candidates and Board Certified Diplomates. The examination process has been restructured to become more assessable without compromising the quality of the examination process.

### *ACP Education Foundation*

The ACP Education Foundation (ACPEF) was formed in 1985 and celebrates its 25<sup>th</sup> anniversary in 2010. The founding purpose of the Foundation was “to educate the public and other health professionals as to the contributions and value of prosthodontists to the health and well-being of the community and its citizens.”<sup>6</sup>

*The current ACPEF mission is to secure and steward resources with the aim of advancing Prosthodontics. As a catalytic agent for Prosthodontics, the ACPEF provides funding to support education, research and growth of the specialty and discipline of prosthodontics.*

The Foundation has sponsored two highly successful Capital Campaigns, the New Vision (2001-02) and the Vision 2012 Brilliant futures (2007-08) initiatives. They have collectively raised in excess of 10 million dollars for Prosthodontics. The Foundation has also supported an active Annual Appeal fund raising outreach to realize new and exciting initiatives. These efforts have resulted in the establishment of critical resources for the future of Prosthodontics, as well as the creation of a new culture of giving/commitment as part of the prosthodontic community.

The Foundation continues to grow in both ideas and financial position and provides essential grants for the growth of Prosthodontics. This has included millions of dollars in direct support for private practice, public relations, education, students, new programs, research, innovation, science/technology, growth, as well as a broad range of projects to expand the future of prosthodontics. The Foundation has also been committed to growing a

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<sup>6</sup> Newsletter, ACP Vol 15, Number 3, Fall 1985, “Education Foundation Formed”, page 9.

significant endowment that will ensure its future. The dedication of the ACPEF founders and subsequent leadership has been critical in realizing this rich history.

The Foundation has accomplished much in its brief 25-year history.

### *The Journal of Prosthodontics*<sup>7</sup>

The first issue of the *Journal of Prosthodontics* was published in 1992, and Dr. Kenneth Stewart, its first Editor-in-Chief, stated: “The ACP was founded with the aim of fostering interest in the specialty of prosthodontics and improving the quality of treatment of the prosthodontic patient through educational activities designed to bring new ideas, procedures, and research into clinical practice and to enhance the prosthodontic services received by the public. The establishment of a journal dedicated to the field of prosthodontics was prominent among the goals of the ACP.”<sup>8</sup> It is interesting to return to this original “Introduction” and follow the evolution of such a monumental activity in the College. This well framed activity was coordinated by the appointment of a fifteen member Editorial Board and Editors and formulated the basic topics we witness today, representing sections on basic research, clinical research, academics and education, and topics of special interest.

During the course of the years and under the guidance of the two following Editors-In-Chief, Dr. Patrick Lloyd and Dr. David Felton, the *Journal of Prosthodontics* has become positioned as one of the major publications of prosthodontic science and information. Initially, the *Journal of Prosthodontics* was published quarterly, and evolved first into a six-issue and now an eight-issue per year offering. The volume in each issue has concomitantly increased from approximately eight to thirteen manuscripts per issue. Manuscript submission rates have grown from 60 to nearly 400 submissions annually, based in part to an ever-expanding group of highly talented Section Editors, and an internationally renowned Editorial Review Board, which now numbers over 50 members. The quality and integrity of our *Journal* has been a testament to the Editorial Board and the success reflected by increased quality and numbers of manuscript submissions, expansion of issues, and growth in circulation has enabled the *Journal of Prosthodontics* to become a highly respected journal focusing on

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<sup>7</sup> Felton, DA, Editor-in-chief, J Prosthodont., Personal Communication and editing assistance, May 10, 2010

<sup>8</sup> Stewart KI, Introduction, J Prosthodont 1992; 1;1;1.

prosthodontic treatment, esthetics, dental implant research, patient care, and education.

### *Defining the Specialty*

Establishment and restructuring the definition of the specialty of prosthodontics has progressed through an annual review and with the most recent revision incorporating implant placement in 2003-2004. As a preliminary sequel to this major event was the support which came from the revision of our Parameters of Care that was published with the most recent update in 2007. The representation of our specialty was further defined as witnessed in the biannual review of the specialty educational standards. This review occurs via the endorsement of the Council on Dental Education and Accreditation of the American Dental Association and is verified by the U.S. Department of Education. More recent additions include the expansion of clinical and didactic involvement with pre-surgical, surgical and reconstruction aspects complementing restorative implant procedures. Expansion in the educational standards have emphasized the importance of tooth anatomy, occlusion, tooth shade and related biomaterials, cariology, sedation anesthesia, and pathology diagnostic procedures; especially, oral cancer screening. Elaboration of expectations was further defined with a mandate of evidenced-based outcomes assessments and treatment predicated upon diagnostic findings. Paralleling these standards was the emphasis to consider clinical and educational research as an essential component supporting all the evidenced-based applications involving current and visionary developments relating to the specialty of prosthodontics.

Comprehensive review of the educational standards is done biannually in conjunction with the Council on Dental Education and Accreditation (ADA). More recent additions include the expansion of clinical and didactic involvement with pre-surgical, surgical aspects complimenting restorative implant procedures. Elaboration of expectations also included evidenced-based outcomes assessments and treatment predicated upon diagnostic findings. Specific fields of expansion were witnessed with oral cancer screening and occlusion complemented by all related technological and research advancements.

The Prosthodontic Diagnostic Index (PDI) has become an important tool to the profession as it has become incorporated into the educational and private practice sectors and has assisted in the quantification of diagnostic findings. The

College has further escalated its use by forming an implementation program and a task force to tie the PDI to prognostic indices.

A series of articles based upon three comprehensive surveys were completed (2002, 2005, and 2008) assessing the major activities and outcomes experienced in the specialty practice of prosthodontists. Findings established a uniquely higher income and vastly different practice profile when compared with that of general dentistry. A survey of pro bono care by practicing prosthodontists demonstrated leadership in this domain by outpacing the annual donated services of all other specialists and generalists.

### *Assuring the Integrity of the Specialty*

The American College of Prosthodontists has never lost sight of its basic precept of a membership based organization choosing to recognize educational merit. The organization has further refined itself via the annual review of its established missions statement, goals and vision as expressed in the strategic plan. The governance structure is under regular scrutiny and has effectively remolded itself in order to assure transparency in function and a competitive nimble responsiveness that retains responsibility to its membership and society. The integrity of the specialty is weighted toward insuring the highest quality care in a global environment.

The ACP has ongoing interaction with all levels of organized medicine and dentistry, keeps a close alliance with, and meets regularly with the Dental Specialty Groups (DSG). The DSG is composed of the leadership of the nine ADA recognized dental specialties and has engaged in numerous advocacy and collaborative activities. Notable educational partnerships over the years have produced high quality scientific programs for the field such as the ACP cosponsored 2008 Academy of Osseointegration Annual Meeting in Boston, MA and the 21<sup>st</sup> Century Management of Edentulism Symposium at the FDI World Congress in Stockholm, Sweden, which was supported by GlaxoSmithKline. The Prosthodontic Forum organizations have also collaborated with the ACP to address issues in prosthodontic education and dental laboratory services. The Academy of Prosthodontics and the College worked together to present Evidenced-Based Dentistry educational resources to dental educators. A joint review of the Glossary of Prosthodontic Terms was accomplished by these same organizations. Advocacy efforts by the College with other significant organizations have engaged members of the Prosthodontic Forum, ADEA,

AADR, IADR, and the ADA on topics of vital concern to dentistry and our specialty. A proactive voice has been raised to assure that essential care for complex rehabilitative treatment be assessable for those patients suffering from severe medical compromised conditions, patients presenting with maxillofacial and mandibular discontinuities, and the congenital syndromic patients.

Peer Review has retained its specialty identity assisting with the advocacy voice of our College members at the state level with their respective state organizations. This participation has allowed for accountability with the quality assessment of prosthodontics care whenever there is a challenge.

Continued scholarship for diplomates is emphasized with the issuance of recertification requirements on behalf of the American Board of Prosthodontics.

The members of this Board are reviewed by the Council of the American Board of Prosthodontics, all contributing to the integrity of the overall profile of quality examiners. The College aptly assumes its sponsorship role at all levels, even in the biannual representation of the specialty standards, as attended by its leadership at the Council on Dental Education and Accreditation hearings held by the American Dental Association.

In the educational environment, the specialty and discipline of prosthodontics provide the greatest representation of educational activity in pre-doctoral education. Educational techniques by prosthodontists have been at the forefront of dentistry, witnessed by their role in the development of science and technology supporting this effort. They have been instrumental toward the development of interactive CD training programs using 3-D imagery using advanced rotational anatomical presentations. Programs in pre-doctoral and post-doctoral education include radiographic interpretation, occlusion and tooth anatomy, dental caries detection, head and neck anatomy, implant simulations, pre-prosthodontic and augmentation procedures, oral cancer screening, and color/shade selection serve as some examples. Over the forty past years, prosthodontists have pioneered many of the complementary services required in patient oral rehabilitation via direct training and documented literary reports in refereed journals. Their sphere of influence has steered the evolution of dental implants, esthetics, color and shade selection, materials science, occlusion, prosthetic designs for the dentate, partially dentate and edentulous patients along with the rehabilitation of oral and maxillofacial defects. These very same clinical and research instructors in pre-doctoral and post-doctoral programs are recalibrated annually by the ACP's Educators and Mentors training program, sponsored by the ACP's Education Foundation.

Protecting the vision of the specialty is surely an important aspect toward assuring our future integrity. Our vision has remained staunchly flexible with changing technologies and continues to balance the future needs of our patients. Aside from the calculated rotation of new young professionals into leadership roles, the College has nurtured the development of leadership in a more defined manner. Opportunity starts with the involvement at the grass root level, mentorship through the oversight of section and regional membership leaders. Formal leadership training is now available and additional training is made available to those selected to serve on the Board of Directors. Opportunity exists for all members and diversity has been witnessed not only through regional representation but in all arenas. Our first female president served in 2003 and another currently has been selected to ascend through the officer positions.

Aside from an excellent leadership development program, our vision is reviewed by our Board of Directors and made available to all members of the organization. Several years ago, a special committee was formed to provide additional visionary oversight. The DIPPSI (Diagnostic Code, Informatics, Prosthodontic Diagnostic Index, Parameters of Care, Educational Standards and Insurance Task Force) Committee is providing continued movement with the use of evidence-based dental outcomes to further define the future direction of our specialty. They incorporate all the representative areas in the committee to converge toward a diagnostic approach of addressing clinical outcomes and make recommendations that will mold the future changes of the specialty reflected in our educational standards.

### *Serving the Specialty and Discipline of Prosthodontics*

During the formative years of the College, communication was accomplished by sporadic mailings and culminated with a rather vocal annual business meeting during the annual session. Aside from the academic articles appearing "The Journal of Prosthetic Dentistry" and other dental journals, there was a need to address the membership. Thus, the "Newsletter" was established in 1972 and became the *ACP Messenger* in 1991. Its purpose was to disseminate information relating to presentations at the annual session and to provide an update to private practice as presented in the Private Practice Workshop. Following the advancement of communications due to the age of computers and the international outreach of websites, there has been enormous change. The newsletter is now a quarterly edition and known as the "Messenger." Since 2009, weekly e-blasts in the form of the *Wednesday Wake-Up-Call* have been sent to

members. The robust ACP website is updated frequently with current information including activities of the Board of Directors, quarterly Section and Regional conference calls, and articles in the College's own journal, *The Journal of Prosthodontics*. The ACP has a presence on Twitter and Facebook and continues to explore how emerging social networks can be leveraged in the service of our members and our organizations.

Communication is instantaneous, global and ever engaging with the online development of educational webinars and "Prosthopedia", all offerings of intellectual content and opportunity to exchange professional content. Forty years ago, who would even imagine the opportunity to instantaneously have a venue for a patient to "find a prosthodontist" to "find a dental laboratory technician", learn just in time "Helpful Tips" for the clinical practitioner, and avail a patient to a resource that will link to unusual maxillofacial and prosthodontics problems.

### *ACP Mission and Values*

The College's core purpose remains much the same as intended by our founding fathers, which is to improve the quality of life through the advancement of prosthodontics. Our mission is to: promote the highest standard of patient care; advance the art and science of prosthodontics; promote the specialty of prosthodontics to the public, other dentists, and health care professionals; ensure the quality of prosthodontic education; and provide professional services to its membership. We continue to aim to inspire our members to pursue professional advancement and personal fulfillment through education, lifelong learning, research, advocacy, leadership, communication, and service.

As Dr. Sproull said in his *Early Years* article in the ACP Newsletter (1), "The College was considered an upstart organization by many and the path to recognition was to be a long and tedious journey." And today we continue to push the envelope on how to strengthen the College and our discipline in these highly competitive and economically turbulent times. But, our roots are deep, our membership has grown to more than 3,300 strong, and our future is bright!

## **Timeline of Historical Highlights in Organized Prosthodontics and the American College of Prosthodontists**

**1918** The **National Society of Denture Prosthetists (NSDP)** was formed when a few distinguished dentists interested in the field of prosthetic dentistry sought to learn the extent and differences in the techniques and concepts used in different parts of the country. This group's goal was to correlate, develop and enlarge the anatomic, physiologic and technical facets of prosthetics.

**1940** NSDP was renamed to **Academy of Denture Prosthetics (ADP)** and the words study, investigate, promote and disseminate became fundamental concepts to the group's mission statement.

**1947** As the discipline evolved, the need to establish Prosthodontics as a specialty of dentistry and to establish the individual's level of prosthodontic knowledge became apparent. The **American Board of Prosthodontics (ABP)**, sponsored by the ADP, was incorporated as the official governing body responsible for setting the standards and criteria for being recognized as a board certified prosthodontist. The ABP develops and administers the certification examination in prosthodontics to identify those individuals who have the knowledge, skills and attributes deemed important to the advancement of the specialty.

**1953** The **American Academy of Maxillofacial Prosthetics (AAMP)** was founded. Maxillofacial Prosthetics is an ADA recognized subspecialty of Prosthodontics. The AAMP is an association of educationally qualified prosthodontists who are engaged in the art and science of maxillofacial prosthetics. The Academy is devoted to the study and practice of methods used to habilitate esthetics and function of patients with acquired, congenital and developmental defects of the head and neck; and of methods used to maintain the oral health of patients exposed to cancericidal doses of radiation or cytotoxic drugs.

**1969-70** A small group of federal service/military prosthodontists joined together to form **The American College of Prosthodontists (ACP)** to better represent the needs of individuals with special training/education in prosthodontics. This nucleus of 338 charter members formed the only prosthodontic organization where membership is based on educational criteria.

**1970 November 4,** The incorporation of ACP as the ADA recognized organization for the specialty of prosthodontics and establishment of a means for stimulating interest in the specialty among young dentists. Further goals would be to represent prosthodontists and prosthodontics, encourage and assist junior members to prepare for board certification; improve and standardized training programs, hold annual meetings and promote interest in prosthodontics so that that public would be aware of and receive high quality prosthodontic care.

**1971** The first **Annual Session of the ACP** convened on February 11, 1971 at the Blackstone Hotel in Chicago, Illinois.

**1972** The **Federation of Prosthodontic Organizations (FPO)** sponsors the ABP.

**1973** January, The first issue of the ACP's membership publication, the *Newsletter*, was published.

**1976** The first **ACP Prosthodontic Research Award** was established.

**1979** December, ACP membership reaches **1,012 members**.

**1982** The ACP purchased its **first equipment** for the Central Office – a computer and word processor.

**1982** The first ACP Prosthodontic Research Award was renamed in honor of Dr. John J. Sharry, as the **John J. Sharry Prosthodontic Research Competition**.

**1985** The **ACP Education Foundation** was formed. In response to the demand for education and research the foundation was developed to provide the resources required to support the vision of the College and the needs of the specialty. The ACPEF is a nonprofit 501 (c)3 organization governed by an independent Board of Directors with representatives from the College, leading academic institutions and the corporate community all working together for the overall advancement of the specialty.

**1986** The first **ACP President's Award** was presented to Dr. Mohammad Mazaheri by ACP President Dr. Noel D. Wilkie during Annual Session in Williamsburg, Virginia.

**1990** ADP was renamed to **Academy of Prosthodontics** to better represent the broad range of treatment provided by prosthodontists.

**1990** During the 21<sup>st</sup> Annual Session of the College in Charleston, South Carolina, the first **ACP House of Delegates** convened.

**1991** The ACP's membership publication, the *Newsletter*, changed its name to the *Messenger*.

**1991** The College debuts the "**What is a Prosthodontist?**" brochure to help educate consumers about the specialty.

**1992** The first issue of the *Journal of Prosthodontics* was published.

**1992** ACP membership reaches **2,000 members**.

**1994** As the ADA-recognized organization for the specialty of prosthodontics, the **ACP is the new sponsor of the American Board of Prosthodontics** upon dissolution of the FPO.

**1994** The **Prosthodontic Forum** is formed. Sponsored by the ACP, the Forum is a group of member organizations with a special interest in the discipline of prosthodontics whose mission is to provide a vehicle for exchanging information and concerns with other prosthodontic organizations.

**1994** The **ACP headquarters is relocated from San Antonio to Chicago**. The ACP Central Office is located in the American Dental Association headquarters building at 211 E. Chicago Ave. in Suite 1000, on the 10<sup>th</sup> Floor.

**1995** The **ACP celebrates 25 years** of advancing the specialty of prosthodontics throughout this anniversary year.

**1995** The ACP sponsored the **1st International Symposium on Evidence Based Dentistry** at the Omni Hotel in Chicago. The McMaster University-based workshop focused on research and was exclusively designed for the specialty.

**1996** The ACP debuts a website, called "a homepage on the Internet... a sort of electronic table of contents," **[www.prosthodontics.org](http://www.prosthodontics.org)**.

**1997** The College adopts a new **ACP Logo**.

**2000** The College advocates for the specialty by developing and submitting the required ADA Council on Dental Education and Licensure **Re-recognition of the Specialty Report**, which was accepted by the ADA in 2001.

**2001** The **ACP Center for Prosthodontic Education** was formed. With a goal of providing superior prosthodontic continuing education for dental professionals including general dentists, prosthodontists, dental technicians, dental hygienists and dental assistants, the CPE focuses on developing high quality seminars and hands-on training courses.

**2001** The **ACP Dental Technician Alliance** was formed. To foster a team-building mechanism between technicians and their prosthodontic partners, the ACP developed the Dental Technician Alliance. The ACP recognizes the significant role that the dental technician plays in the day-to-day operations of a prosthodontic practice, and offers an array of valuable benefits and professional services including providing an opportunity to develop productive relationships and increasing communications with other professionals.

**2003 April** The **ADA Adopts New Definition of the Specialty**: “Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.”

**2005** The **ACP celebrates 35 years** of advancing the specialty of prosthodontics throughout this anniversary year.

**2006** The ACP and ACPEF sponsor *Reframing the Future of Prosthodontics: An Invitational Leadership Summit* to examine critical issues facing prosthodontics and the future of prosthodontic education.

**2006** The College introduces a new membership category for educators, the **Academic Alliance**.

**2007** The ACP debuts a new design for the *Messenger* newsletter.

**2007** During Annual Session in Scottsdale, Arizona, the **ACP House of Delegates voted to dissolve** after the conclusion of business in Scottsdale.

**2007** The College introduces two new membership categories the **Global Alliance** and the **Predoctoral Alliance**.

**2007** The ACP conducts its first online **Election**.

**2008** ACP membership reaches **3,000 members**.

**2008 June** The College launches a new weekly e-newsletter for members the *Wednesday Wake-up Call™*.

**2009** The College launched **Prosthopedia®**, an online resource library of videos, photos, documents and curriculum showcasing: best practices in the specialty field of prosthodontics; Clinical procedures from the major disciplines in prosthodontics and Educational curricula from American Dental Association Accredited Dental Schools.

**2009** The College launches **Facebook** and **Twitter** accounts to engage members in Social Networking.

**2009** The College introduces a new membership category for graduate students interested in prosthodontics the **Advanced Program and Graduate Student Alliance**.

**2010** The College advocates for the specialty by developing and submitting the required ADA Council on Dental Education and Licensure **Re-recognition of the Specialty Report**, which was accepted by the ADA in 2001.

**2010** The **ACP celebrates 40 years** of advancing the specialty of prosthodontics throughout this anniversary year.

# Reflections from a Past President

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Before I try to recount any aspects of my term as ACP President, I must state that no president actually accomplishes anything as an individual. Achievements are the result of the efforts of the entire council, its committees, and ultimately, of the College itself. Much of what an individual may contribute comes during the years prior to the presidency, during service on committees and in other offices. The presidency is merely the culmination of those previous years of service. There must be a consensus agreement for any action to occur and for any substantial achievement; the membership must allow the action. The president is tasked with providing direction and leadership, and allowing dissenting factions an equal voice. This having been said, I will try to recapitulate some of what I consider

the highlights of my term in office.

The College was growing in many directions, and there was considerable stress on its financial ability to achieve its goals. It was evident that fiscal responsibility was essential, and that a reasonable and workable budget had to be established. Once this was done, it became necessary to do what no president wants to do – go to the membership for a dues increase. This was presented at the Nashville meeting, and, blessedly, overwhelmingly approved.

The College has always felt it should have primary responsibility for the accreditation process, and be responsible for placing qualified individuals on the examining board. I spent many hours with the representative from the (now) Academy of Prosthodontics, Dr. Bill Laney. These were difficult meetings made easier only by the gentlemanly

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## DR. JACK D. PRESTON ACP PAST PRESIDENT (1983-84)

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conduct of Dr. Laney. Even though there was substantial disagreement, the meetings were never disagreeable. Eventually from these meetings, as you all know, the College received the responsibility it merited.

I was concerned at that time, about movements to limit specialization. There was some very worrisome action about “Sunshine Laws” and desire to control what is and what is not a “specialty.” I felt that if prosthodontics were established internationally as a specialty, then those of us in the U.S. would have no problem. I wrote to world renowned prosthodontists in nine countries, and proposed the idea of an International College of Prosthodontics. This was presented to the executive council of the ACP and supported. Following our annual meeting in Nashville I flew to London for the first explorative meeting that eventually resulted in the ICP. The support of the ACP was critical to this action.

The time I was allowed to serve the College was a period of maturation and definition of purpose. The Aims and Goals meetings were productive and helped set the course for the College and its role in organized dentistry. There will always be more to be done, new challenges and new opportunities. There are many societies and pseudo-organizations that would like to pose as having specialty interests and abilities. The general public, dental students and general practitioners must be constantly informed about the specialty of prosthodontics and how it differs from the discipline. Dental schools should stress these differences, and the public needs to constantly be informed about the differences between a fully qualified, residency-trained prosthodontist, and those individuals taking short courses.

My best wishes to the College members and those whom they choose to lead the ACP in the upcoming years.

# Reflections from a Past President

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The mid-80s were a pivotal point for the ACP. During the time leading to my year as President (1986-87) as well as the time immediately thereafter, the College was establishing itself as the national organization representing prosthodontists as well as prosthodontics. The Federation of Prosthodontic Organizations (FPO) was comprised of various organizations with interest in prosthodontics and restorative dentistry. It was the largest organization representing prosthodontics but did not truly represent the specialty of Prosthodontics. The ACP was a member of the FPO but initially had very little influence within the organization. It was a power play between the FPO and ACP as to who should represent prosthodontics. This debate of who represented the discipline and who represented the specialty carried on for years. The

ACP emerged as the leader in prosthodontics.

During that time we also witnessed the birth of what was to be the largest organization representing those interested in the “phenomenon” of osseointegration and in fact the largest organization aside from the ADA; the Academy of Osseointegration. What an incredible story.

As President, I was responsible for the following:

- The acceptance of marketing as a legitimate (and professional) way of promoting prosthodontics and prosthodontists.
  - Developing a marketing campaign with Mr. Joseph Lancellotti of Camelot Marketing.

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## DR. COSMO V. DE STENO, ACP PAST PRESIDENT (1986-87)

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- Personally negotiating with Saunders to create the *Journal of Prosthodontics*.
  - This was probably my most significant achievement with the greatest influence on prosthodontics.
- Hiring the first Executive Director of the American College of Prosthodontists, Mr. David Schwab.
  - Prior to David Schwab, the College was an all volunteer organization with one full-time employee in San Antonio
- Moving the Executive Offices from San Antonio to Chicago.
  - Moving the offices from San Antonio to Chicago enabled the College to be more visible within organized dentistry and the ADA.
- Fostering the acceptance of prosthodontists placing implants as well as restoring implants.
  - What more needs to be said? This changed the scope of prosthodontics forever. It affected the way prosthodontics was taught to the way it was practiced.
- Developing corporate support for our annual meeting as well as the exhibit “tables.”
  - During the early years the corporate sponsors were only permitted to discuss their products with the meeting attendees. They were not allowed to take orders or promote the sale of their products.

I see the future of prosthodontics and prosthodontists as bright and exciting. Prosthodontics has never experienced such a level of prominence in dentistry as it does today. I sincerely feel we positioned ourselves superbly for continued growth and success.

# Reflections from a Past President

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In my view, major accomplishments in the College result from visionary planning, a continuum of leadership, and bear the fingerprints of many contributors making it difficult to assign or accept credit for accomplishing any major goal. Most ACP Presidents have been a part of the leadership group for several years through committee activities and moving through the offices of the College so their year as president is only a small part of their contributions to the organization. This being said, most presidents have had opportunities and challenges during their term of office. I will briefly relate an experience that was both an opportunity and a challenge.

## **A look back**

I entered my year as president sharing the frustration most of us felt relative to our specialty being represented by the FPO (Federation of Prosthodontic Organizations) rather than the College, since ours was a broad-based organization of specialists and the FPO member organizations had a mixture of generalists and specialists as members, resulting in considerable support for withdrawal from the FPO because of this frustration. However, many of us believed that our best chance for becoming the representative of our specialty and sponsor of the board was to work within the system to attain this premier goal and this is the direction we took during my year as president.

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## **DR. WILLIAM KUEBKER ACP PAST PRESIDENT (1987-88)**

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From the time I served on an Ad hoc Committee for Sponsorship of the Board in 1979-80, I was convinced that the ACP should be the sponsor of the board and representative of our specialty and undoubtedly, this was the goal of most of the founders of the College as well. I had hoped that we would achieve this goal by or during my year as president. With the threat of withdrawing from the FPO as possible leverage, President-Elect Dr. Steve Bergen and I scheduled a meeting with the American Dental Association director for specialties to present our position that the College should represent the specialty of prosthodontics. During our meeting we received little support for our position, probably because the ADA did not want to get involved in an interdisciplinary dispute. We did receive acknowledgement that it would be acceptable for the College to serve as representative of the specialty within the framework of the FPO and were successful in having a resolution approved to this effect at the next FPO House of Delegates meeting. However, this was only a consolation prize in meeting my goal and it was not until four years later that the FPO member organizations voted to approve, and the ADA accepted the College as sponsor of the board and representative of the specialty of prosthodontics.

## **The future of our College and the specialty**

My dream for the College is that our leaders will always keep the best interests of the membership in mind, that they remember the history of the College prior to 1992 when the College was not the representative of the specialty, and to never become so comfortable or complacent to allow another organization or group to represent our specialty or determine our policies and activities.

I am optimistic about the future of our specialty but the College leadership must remain engaged in ensuring: that basic prosthodontic principles are learned and prosthodontic competency achieved in the predoctoral educational programs of our dental schools; that bright, caring and ethical graduates are recruited into our advanced prosthodontic training programs; that the College continue to provide quality educational programs for prosthodontic educators and our members; and, that board certification is encouraged and supported.

# Reflections from a Past President

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Remember when the price of a first class stamp was .25 cents, a gallon of gas was .97 cents and car phones were about \$800? In world news we were reading about the fall of the Berlin Wall, Tiananmen Square, the Exxon Valdez spilled its oil in the Alaskan waters and the first GPS satellites were launched into space. In the U.S., Ronald Reagan was leaving office, George Bush Sr. was stepping into the White House, and I became the 19th President of the American College of Prosthodontists.

After volunteering on ACP committees since 1973, I enjoyed the opportunity to lead our College from 1988-89. Before finishing my official tenure with the ACP, I had the privilege of attending 54 straight Board meetings. During my tenure as President we tackled pressing issues and helped lay the foundation for future growth and development of the College as well as our specialty. We commenced our interviews for our new Executive Director and our move to Chicago – a move that propelled the College to ultimately become the representative of our specialty to the American Dental Association. With the new Executive Director a group of us developed what became a governance structure for the College. That too changed once or twice in the past 20 years – with a new model emerging recently – further evidence of a dynamic College reacting to membership needs.

In 1989 we had to appoint a committee for the “Defense of the Specialty.” We conducted a Survey on the Use of Tobacco that strengthened our leadership position on this important subject. We also passed a resolution in support of the use of airbags in all cars – something novel at the time but critical to the health and safety of all Americans. In addition we approved a new laboratory authorization form with fields that we thought were important and legally

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## STEPHEN F. BERGEN ACP PAST PRESIDENT (1988-89)

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necessary. We initiated a separate line on our dues statement so members could make voluntary contributions to the ACP Education Foundation more easily and so we could better support our student membership. New Sections were added – Nevada, Utah and Oklahoma and at the time we totaled 27 Sections. We established new committees – the Computer Committee, Care of the Maxillofacial Patient Committee, a Historical Committee and a Geriatrics Committee.

We also batted around the proper use of our logo and the use of F.A.C.P. on our member’s letterhead as well as guidelines for ethical advertising. We addressed issues with state board exams regarding what was allowable practice as a prosthodontist. And just to show you how times have changed, in 1989 we fielded complaints from dentists that dental laboratories were sponsoring programs on implants.

You may have read the Did You Know teaser on the cover of this issue. Our private practice prosthodontists have grown by more than 20 percent since 1989, which hopefully reflects a strong and healthy specialty. Some interesting statistics on our membership in 1989: we had 105 Life Fellows, 6 Life Associates, 552 Fellows, 1,034 Associates and 308 Affiliates (students). Total membership was 2,005. With more than 3,300 members today the numbers look promising.

The Annual Session was held at the Sheraton El Conquistador in Tucson, Arizona. My friend and colleague Dr. Gerry Barrack was the Program Chair and we honored Antje Tallgren with Honorary Membership and Dr. Robert Sproull with the President’s Award. Robert and his wife Peggy are doing well now and living the good life in El Paso, Texas. While on the subject of friends and mentors, Jack Preston and his wife Charlotte are both enjoying their second careers as enologists in California.

I can’t begin to list all the accomplishments of our committees during this period. Each committee was chaired by active and dedicated individuals who presented their findings for the actions that we took.

In writing this article I had the opportunity to not only glance through some notes and reports, but to remind myself what a wonderful group of individuals I worked with in those years and the friendships I made and continue to cherish. I encourage all young members to pursue leadership positions in the College, whether it is at your local or at the national level. Service to your specialty is a rewarding way to honor your commitment to your profession. Look to the ACP for opportunities and if you’re affiliated with a university or local society, speak with them, too. Many opportunities exist to volunteer your time and talents. Pick one and run with it. You will never regret it.

# Reflections from a Past President

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Looking back on the past 40 years of the ACP, the predominant thought that prevails is our organization's phenomenal growth. The College was founded on the need for many who had the educational credentials of specialty training but could not find an organization that recognized advanced education as a primary criterion for membership. This was especially true of those in the Federal Services whose frequent moves did not allow the long-term established base required by many prosthodontic organizations. Upon its founding and in the first two decades, the ACP was primarily volunteer-based at all levels with real a "mom and pop" involvement. Today we have a sophisticated organizational structure with an outstanding Central Office staff to address and support our members in the current and future

direction of our specialty.

Being President of the ACP was one of the greatest privileges and honors of my professional career. The accomplishments during the year were a reflection of the guidance and foundation provided by previous officers, committees and staff. A few highlights of the 1992-93 year included:

- The development of a document for the American Dental Association that gave the official recognition of prosthodontics to the ACP. The ACP then became the official organization representing the specialty of prosthodontics. This had been a goal since the inception of the ACP and finally became a reality. It was a 23-year journey through dialogs with other prominent prosthodontic organizations. Credit goes to the dedicated, unwavering efforts of the previous officers and committees to accomplish this goal.

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## DR. RONALD WOODY ACP PAST PRESIDENT (1992-93)

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- The opportunity to modify our Commission on Dental Accreditation Prosthodontic Specialty Standards to add pre-prosthetic surgery, including implant placement. Though this was at the lower familiarity level, it did establish implant placement as part of our specialty, and the CODA Prosthodontic Specialty Standards is the document that really defines the specialty.
- The ACP President chaired the Dental Specialty Group, according to the yearly rotation. That year we finally passed the ADA and CODA requirement that all directors of specialty programs must be board certified. It was a long process where consensus was necessary with the American Dental Education Association and its Council of Deans to finally accomplish this requirement.
- The establishment of a five-year Goals and Objectives Conference for future planning and direction of the College. The conference was held in Dallas and provided the framework for future such conferences.
- The initial planning of the relocation of the Central Office from San Antonio to Chicago. Eventually the College office found its home in the ADA headquarters building, where the ACP Central Office remains today. A new Executive Director was hired, David Schwab. Linda Wallenborn, who was also instrumental in keeping business of the College running smoothly, remained in San Antonio, Texas.

In retrospect, the only event I may be remembered for was as the ACP President who rode into Annual Session on a camel, dressed as "Lawrence of Arabia" with the entourage of dancing snake girls! This was for the opening of the ACP Members' Reception, in Palm Springs, Calif. I had a fantastic Annual Session Program Chair – Dr. Charles Goodacre.

The ACP has all the organizational components including dedicated, innovative leadership to accomplish the needs for continued advancement of our specialty. It has positioned itself as a premier specialty organization with the ability of having significant impact on the future of dentistry and prosthodontics, improving the standard of care for the patients we serve.

# Reflections from a Past President

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## **Share a highlight from your term as President of the College.**

About a third of the way into my presidency our Executive Director resigned and we had major staff turnover. To keep the ACP functioning, I had to take on the role of the Executive Director and had to become the “Interim Executive Director” as we searched to fill the position. Our main goal of that time was to simply keep the doors open. I was the first and only volunteer, unpaid Executive Director of the College.

## **What goal were you unable to achieve during your Presidency that you would like the College to accomplish in the future?**

During my presidency to see the College reach 3,000 members was an enormous, unattainable goal. The fact that we have exceeded this today is a milestone that both the ACP leadership and staff should be proud of. Also during my year in office projects such as a renewed membership drive and a marketing project had to be put on hold because of staff shortages.

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**DR. THOMAS TAYLOR,  
ACP PAST PRESIDENT (1998-99)**

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## **What are your dreams for the College and the future of our specialty?**

I would like to see every prosthodontist who finished training in the U.S. become an active member of the ACP. I would also like to see 100 percent of our membership become Board Certified. There's no better way to strengthen our specialty.

# Reflections from a Past President

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I became a member of the College in 1976 as resident at the V.A. Hospital in San Francisco just six years after the founding of the ACP in 1970. I attended my first ACP board meeting in 1979 as a member of the Private Practice Committee and have stayed involved ever since.

The growth in membership, stature and leadership achieved by the ACP in these past years has been incredible. As an early member of the Private Practice Committee and having been in practice more than 30 years, watching the specialty expand into being predominantly focused on direct patient care has been particularly satisfying. The young prosthodontist today has every opportunity to be successful in private practice with the ACP providing excellent support.

A second milestone has been the acceptance and growing adoption of diagnostic coding in practice and in dental education. In the past, prosthodontists made “things” and although the “things” were exquisite, the specialty was not given its due within dentistry. The commitment to establish a diagnosis prior to treatment gives the specialty the credibility it deserves. This commitment has been recognized by the inclusion of the Prosthodontic Diagnostic Index into the medical diagnostic system, ICD-9. This achievement occurred through the work of many dedicated members whose vision has never wavered. The PDI gives the specialty the communication tools and knowledge platform to positively affect dental education and the scope of our specialty.

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## THOMAS J. MCGARRY, D.D.S. ACP PAST PRESIDENT (2000-01)

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The third milestone is the growing inclusion of implant placement by prosthodontists in practice and in post graduate education. No other dental specialty is better positioned to provide comprehensive implant based therapy to patients and to teach implant assisted therapies in dental education.

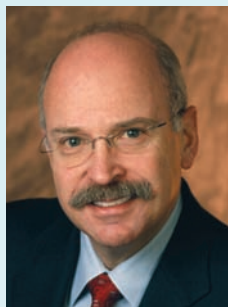
I am probably most proud of the fantastic rebirth and growth of our Foundation, the ACP Education Foundation. At the beginning of my presidential year, I set a challenge to the Board, our members and our corporate partners to bring the ACPEF to a level of national prominence. The New Vision Campaign was developed and with the dedication of many members, especially Dr. Jonathan L. Ferencz, the ACPEF has become a true force in prosthodontics. The financial stability of the Foundation was further augmented by the Vision 2012: Brilliant Futures campaign, led by Dr. Lyndon F. Cooper and his team. The creation of a new culture of membership giving to the ACPEF will guarantee the future of the specialty.

The journey of leadership requires some sacrifice and a lot of work but in return the many friendships developed over the years have made it a pleasure. A wonderful example of the fun part of leadership was my summer Board of Directors Meeting in Colorado. As a team building event, the Board members saddled up and herded cattle in the dust for more hours than they thought possible. At the end of the day, everyone looked the same, dusty and dirty, even Dr. Nancy Arbree, but each person had a true sense of camaraderie and common purpose.

It is impossible to recognize by name all the friends who looked out for Gretchen, my wife, while I roamed the meetings, friends who worked tirelessly behind the headlines, friends whose confidence in me allowed me to stretch my talents, friends who helped reign me in at times and just regular friends who were always there for me. These friendships are the rewards that surpass the awards and accolades of personal achievement.

# Reflections from a Past President

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My year as President started on a very ominous note. Within the first few weeks on the job, three dental schools closed their postgraduate programs in prosthodontics. I remember calling my prosthodontist friends who were Deans at the time, Howard Landesman, Charles Goodacre and Bill Kotowicz for guidance and encouragement. With their advice and the results of survey we had done a few years earlier and reflecting on my own personal experience we embarked on a program that may have rescued the specialty. I had practiced general dentistry for the first 10 years of my career before going back to school to get my specialty training. Even though it was at great sacrifice, both personal and financial, it changed my life.

I was convinced that we had to tell the story of how a postgraduate education in prosthodontics could lead to increased financial success. So one of my acts as President was to commission a study that showed that an investment in a PG Prosthodontics program produced a favorable return on investment. Even before it was published we distributed it to dental students and this program, along with others, turned the tide of closings and over the ensuing years new programs opened.

One of my favorite memories from my year as President of the ACP was the closing of the New Vision Campaign during the Annual Session. At the time, we were about \$ 1 million shy of our goal. At an evening event in Dallas, we were able to meet this goal with the help of many friends of the ACP Education Foundation. Everyone, from students and corporations to the Board and many members worked together to achieve the \$5 million target. What started as a bold and courageous plan, growing the ACPEF from \$18,000 to \$5 million had become a reality!

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## JONATHAN L. FERENCZ ACP PAST PRESIDENT (2002-03)

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Not all of my ideas were so brilliant or successful. Together with the President of the AAP we hatched a secretive scheme to merge the specialty of prosthodontics with periodontology. Throughout the year we held a number of private meetings. My counterpart in perio began to fear for his life if the plan was leaked and, in the end, we decided it was premature and settled for creating opportunities for the two boards to collaborate.

In retrospect, I think the real success of those years for the specialty was that three ACP Presidents, Tom McGarry, Dave Felton and myself decided to work together to achieve some major goals. We agreed on the long-range goals and decided that we didn't care about which administration got credit for the accomplishment. We crafted a true partnership that allowed us to focus on a few key goals: securing resources for the future via the ACPEF, creating a meaningful and realistic long-range plan and better communication. I think we were successful in attaining these goals because we truly didn't care on whose watch these projects came to fruition.

The challenge for the specialty today is the same as the challenge for the last 40 years: how to distinguish prosthodontics from general practice (restorative dentistry). It is great that prosthodontics is a small dental specialty, but we are all too often subsumed by the "restorative dentists." The College and our small specialty have modest resources and we have to spend them wisely and get the most impact for every dollar spent. Every ACP dollar has to be leveraged to accomplish our goals. One year as president is insufficient to accomplish very much; it takes three or more administrations to really move the specialty in any direction. Putting one's ego aside and working with other presidents is a challenge, but essential to the long-term success of the College of our specialty.