Chapter Four

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The American Board of Prosthodontics

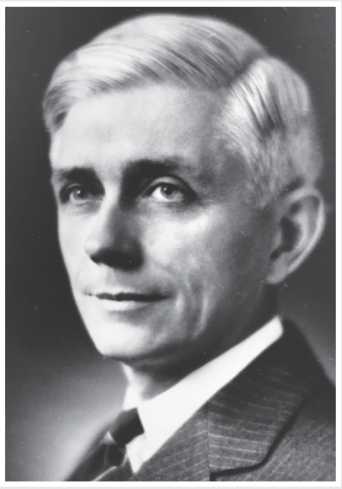
Establishing the Specialty

The specialty of prosthodontics evolved through the determination of clinicians driven toward excellence in patient care. The small group that met in 1918 in the Congress Hotel in Chicago, Illinois, became the National Society of Denture Prosthetists (NSDP) in 1919 and planted the seed for the specialty of prosthodontics and the need for board certification. As the discipline of prosthodontics evolved, it became apparent that there was a need to establish prosthodontics as a specialty of dentistry and a method to ascertain the level of an individual's prosthodontic knowledge. Discussions about forming a prosthodontic specialty board first began in 1929–30, when orthodontics was recognized by the ADA as a dental specialty through the efforts of Honorary Fellow Martin Dewey.

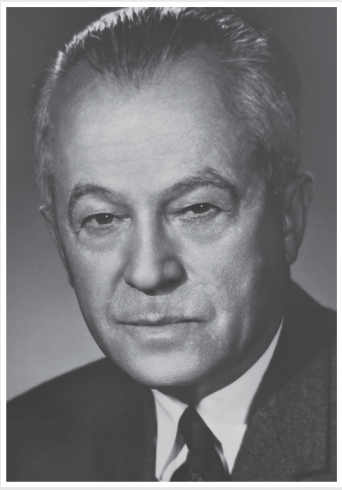
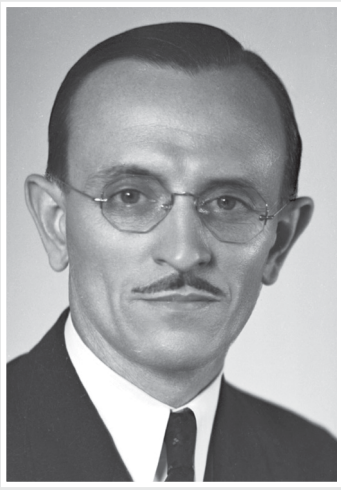
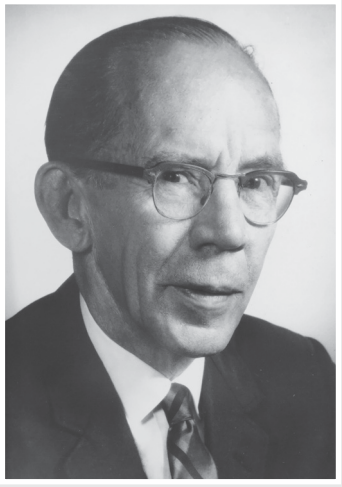
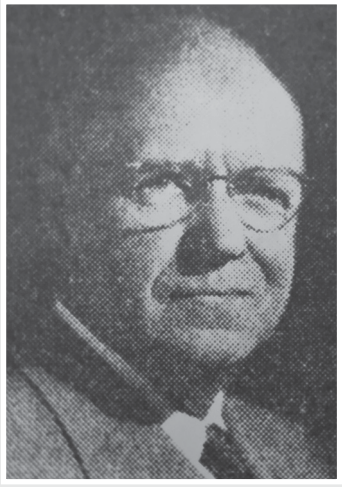
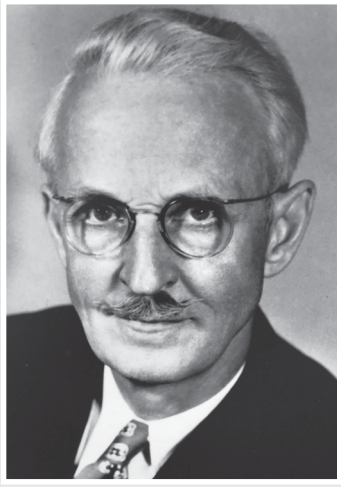
The Committee on the Certification of Specialists was appointed by the Executive Council (EC) and consisted of Drs. Carl O. Boucher, Irving R. Hardy, Bert L. Hooper, Frank M. Lott, John I. Sloan, and William D. Taylor. The committee reported on October 20, 1946: "In the light of current developments, it seems advisable that the Academy of Denture Prosthetics (Academy/ADP) establish a Board of Certification consisting of nine members, to cooperate with the American Dental Association (ADA) in the certification of Specialists in the field of Prosthetic Dentistry, this Board is to be legally incorporated." They further recommended "the EC present to the General Session at the coming Academy meeting the twenty-one nominees for the selection of nine members to become the proposed Board."[1-3]

At the 1946 Miami Beach meeting of the Academy, the American Board of Prosthodontics (Board/ABP) for the examination and licensing of prosthodontists was created as nine members were elected to establish the Board: Drs. Carl O. Boucher, Oswald M. Dresen, Fred C. Elliott, Irving R. Hardy, Bert L. Hooper, Richard H. Kingery, David W. McLean, Claude J. Stansbery, and Russell Tench, the founders of the ABP. By cooperation with the legal counsel of the ADA, articles of incorporation were prepared and were accepted and recorded with the recorder of deeds in Cook County, Illinois, February 21, 1947. The Bylaws

▼ The founders of the American Board of Prosthodontics (ABP). Left to right: Drs. Bert L. Hooper (president), Claude J. Stansbery (vice-president), Irving R. Hardy (secretary-treasurer), Carl O. Boucher, Oswald M. Dresen, Frederick C. Elliott, Richard H. Kingery, David W. McLean, and Russell W. Tench (directors).





stated that "the Corporation shall be operated solely for the benefit of the dental and medical professions, and for the protection of the public, and shall not be operated for the personal gain or profit of any member or individual." The Board stated that certification had three objectives: evidence that the recipient has special knowledge and ability to perform expert services in the field of prosthodontics; to safeguard the public against unauthorized use of the term "specialist"; and to be a stimulating and guiding factor to promote progress, higher standards, and more effective service in the field of prosthodontics. During this formative period of the Board's existence, close liaison with the Council on Dental Education of the ADA was maintained.[1-3]

The first examination was conducted on February 2, 1949, in Chicago, only four months after the ADA House of Delegates voted to recognize prosthodontics as one of the dental specialties together with endodontics, oral and maxillofacial surgery, and periodontics. It was apparent to the Board that there were many prosthodontists who were qualified and who should be offered certification without examination. The following criteria were required to apply for Charter Certification: an applicant 1) must have practiced for fifteen years; 2) must be a member in good standing for a period of ten years in a recognized society which devotes the major portion of its efforts in the field of prosthodontics; 3) shall have contributed to the literature in this special field, have contributed to the profession by means of lectures and clinics, and have an interest in research, and 4) should state their accomplishments in the application. The Charter Certified group consisted of sixty-four prosthodontists from the Academy of Denture Prosthetics followed by the American Prosthodontic Society (APS) and the Pacific Coast Society for Prosthodontics (PCSP).[2, 4]

The Academy developed guidelines for the ABP and Board certification[5] and sponsored the ABP for twenty-five years, from 1947 to 1972, when it transferred the sponsorship to the Federation of Prosthodontic Organizations (FPO).[4] The FPO sponsored the ABP for twenty-two years. Following the dissolution of the FPO in 1994, the American College of Prosthodontists (ACP), as the recognized organization for the specialty, assumed sponsorship of the Board. Canadian dentists became eligible for examination in 1951, the Board began to examine candidates on the subject of fixed partial dentures in 1957, and maxillofacial prosthetics was added as an area of competence for certification in 1967.

Establishing the Educational Standard

By recognizing clinicians who meet the standard for Board certification, the ABP provides one of the critical aspects that define the specialty. Prosthodontics is defined by scope of practice, educational standards, and clinicians in practice who meet the Board certification standard. The specialty is framed by the ADA Commission on Dental Education and Licensure (CDEL) Definition, the ACP Parameters of Care, the Commission on Dental Accreditation (CODA) Advanced Specialty Education Program Standards for Prosthodontics, and the ABP certifying examination guidelines and process leading to Board-certified specialists called "diplomates." ABP efforts were and continue to be a critical part of the evolution of prosthodontics and its recognition as a dental specialty.

Beginning with the first examination, and for the next thirty-five years, the ABP retained direct responsibility for the educational standards for the specialty. Recommendations to the ABP were received from the ADP and the FPO.[6-10] However, the ABP was the sole body that set the expectations for the specialty. Prior to 1954, candidates were eligible for examination if they had formal prosthodontic training recognized by the Board or if they had been in clinical practice for fifteen years. Beginning in 1954, formal prosthodontic training was required for Board certification, thereby making specialty training the only path towards achievement of certification. After January 1, 1965, members of the ADA wishing to announce themselves as specialists or as a limiting specialty practice were required to complete two or more years of advanced education as specified by the certifying boards or to possess a state license permitting announcement in a specialty area approved by the ADA.[11] With this statement, the ADA continued to recognize each specialty's certifying board as the authority for educational requirements. Beginning in 1975, the Commission on Dental Education (CDE) issued revised specialty level standards across programs, to which education program guidelines published by each specialty board were appended.[12, 13] In 1984, CODA began adopting comprehensive specialty level standards. Educational comments and recommendations could be made to CODA by the ABP and other communities of interest. Through the CODA Prosthodontic Review Committee, which makes definitive educational recommendations to the Commission for consideration, approval, and implementation, this educational standard of a review, adoption, and implementation process continues.

The ABP has a long history of clinical problem solving, forward thinking, and innovation that directly affected the specialty growth and core content of the ABP certifying examination. The general concepts for fixed prosthodontics, removable prosthodontics, occlusion, gnathology, dental implant surgery and prosthodontics, esthetics, and evidence-based decision making formulated during the last one hundred years represent the foundational knowledge across dentistry as a whole. Diplomates of the ABP have been critical contributors to the development and application of these principles that support all aspects of dentistry. ABP examination content therefore evolved as clinical understanding progressed and scope of practice evolved within the specialty.

Evolving Examination Format and Content

The Board examination content changed as the specialty advanced and educational standards changed. Written, oral, and active patient care was included from the inception of the examinations until the last clinical examination was conducted in June 1991. The process continues to demand specialty-level patient treatment clinical documentation, which emphasizes the specialty's focus on comprehensive care that demands a combination of clinical and academic skills and knowledge.

The early examination format was directed toward removable prosthodontic care. In 1957, the Board initiated clinical examination of fixed prosthodontic patients. Maxillofacial prosthetics became a portion of the examination in 1968, and in 1974, candidates could choose a clinical examination in maxillofacial prosthetics. The two-phase examination format that separated clinical components of the examination from oral and written examinations began in 1962[14] and continued until 1991. Phase I included a written examination as well as the documentation and presentation of a patient with one fixed

"The Academy's philosophy of advancing the specialty of prosthodontics continues."

prosthesis and one distal-extension removable partial denture followed by an oral examination. Phase II was the weeklong clinical examination in fixed or removable prosthodontics. When prosthodontic specialty training changed in the mid-1980s to include fixed and removable prosthodontic training in all programs, the two-phase examination approach continued as an appropriate examination as the newly combined training programs were developed. The final Phase II clinical examination in 1991 was challenged by eighty-five clinicians.

The reformatted examination implemented in 1992 included the Section A written examination followed by presentations for Section B Parts 2-4 clinical examinations: removable partial denture, complex fixed prosthodontics, and complete denture, respectively. Patient selection was fundamentally determined by diagnoses, treatment planning, and care for dentate, partially edentulous, or completely edentulous patients.

With the goal to increase examination accessibility, the ABP implemented the Section C examination in 2008. The scenario examination allowed the candidates to demonstrate their knowledge in all areas of prosthodontics including implant prosthodontics, which had become a major component of the prosthodontic specialty education programs. This scenario-based oral examination allowed candidates to substitute the Section C examination for one of the three patient presentation oral examinations in Section B. The Section C examinations, although straightforward in concept, proved to be thought-provoking in developing agreement among the Board members regarding concise format, questions, answers, and presentation during the examination. The positive result of this calibration extended to efforts toward the development of Section A and review of Section B, leading to an overall more robust and objective candidate experience.

The Board expends significant time developing an accurate and equitable examination and carefully reviews post-examination metrics. The psychometric analyses for Section A and Section C examinations standardize assessments across examinations for validity and reliability. This coordinated assessment, in concert with examiner calibration, leads to a high-quality and objective candidate examination with demonstrated consistency.

The ABP method of addressing the topic of dental implants over thirty years exemplifies examination content evolution. The ABP examined on the topic of dental implants beginning in the 1980s. As prosthodontic programs included didactic content and clinical experiences, the examination content grew. In the 1990s, CODA standards included dental implant care at the in-depth learning level together with associated implant prosthodontic clinical care. CODA standards required an increase of program length from twenty-four to thirty-three months to allow curriculum time for study and clinical care experience with dental implants for patients. By the early 2000s, prosthodontic practices

▲ Kent L. Knoernschild, President of the ABP, 2018

▲ Dr. Thomas D. Taylor was president of the ABP in 2001. He served as the executive director of the ABP from 2001 to 2018.

and prosthodontic programs included the surgical placement of dental implants. In 2016, revised CODA standards required student/resident competence in the surgical placement of dental implants during their prosthodontic program. CODA standards again increased required program length—this time from thirty-three to thirty-five months—so that programs could provide the necessary time for learning experiences.

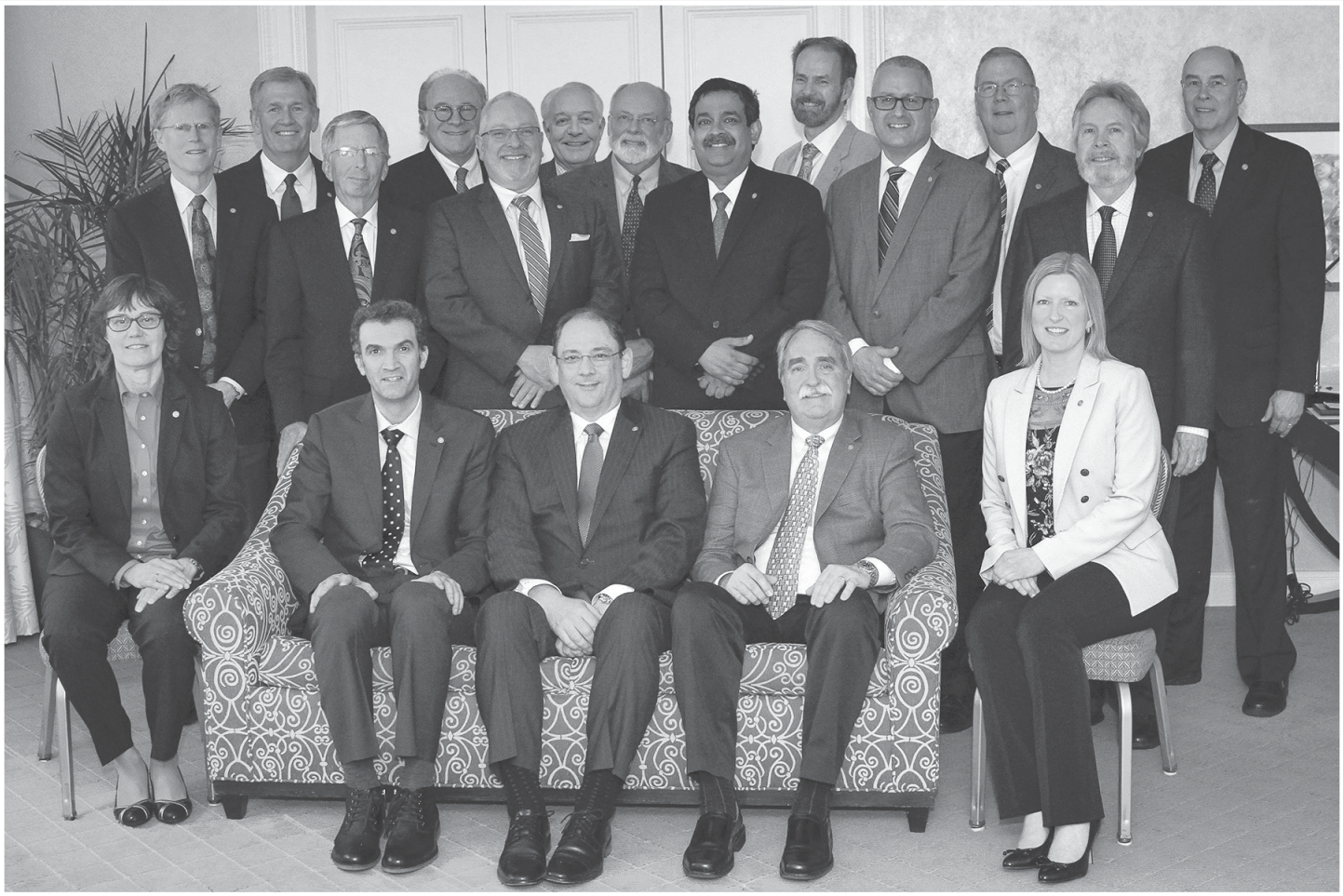
The ABP in 2016 introduced the Section D examination, which requires dental implant placement and fixed prosthodontic restoration by the candidate for bounded and unbounded edentulous sites. Section D was a natural progression in existing ABP examination content based on the definition of prosthodontics, advances in prosthodontic patient care, scope of practice, and educational standards. The incorporation of all components of dental implant treatment into the 2016 CODA prosthodontic standards further demanded the need for a more comprehensive assessment of knowledge and skills in implant prosthodontics that was met through Section D. The examination reflects implant placement already occurring in private prosthodontic practice and most prosthodontic specialty programs.

Past Success and Future Trends

Since the beginning of the ABP in 1947, there have been sixty-eight presidents of the ABP, of which fifty-six were also Academy fellows and thirty-eight were presidents of the Academy of Prosthodontics. Academy Fellow Kent L. Knoernschild served as the president of the ABP in 2018 (see Table 4-1. Presidents of the American Board of Prosthodontics).

The Board is committed to growth in the number and percentage of certified prosthodontist diplomates. Since the first certifying examination in 1949, the number of active Board-certified prosthodontists has grown steadily. The ABP has had two executive directors since 1991, with Dr. William D. Culpepper serving from 1991 to 2001 and Academy Fellow Thomas D. Taylor serving from 2001 to 2018. During Dr. Taylor's tenure, the active diplomates grew from approximately 735 in 2001 to 1,060 diplomates in 2018, representing a 50 percent increase. In 2017 and 2018, an information technology company and an association management company were hired to further support the extensive website development, examination, membership, and business needs of the Board.

The February 18–20, 2018, certifying examination achieved a record number of participating candidates, examinations, and examiners. The number of Board-certified prosthodontists will continue to increase. The ABP continues to develop the examination methods and content to ensure consistency with clinical practice and educational



▲ One quarter of all the individuals elected to the ABP since 1947 are pictured. All eighteen served as examiners in February 2018, and ten are past-presidents of the Board. Front row: Drs. Rhonda Jacob, Radi Masri (secretary-treasurer), Kent Knoernschild (president), David Felton (vice-president), and Heather Conrad. Back row: Drs. Donald Curtis, Thomas McGarry, Steven Parel, Kenneth Malament, Dean Morton, Jonathan Wiens, Thomas Taylor (executive director), Mathew Kattadiyil, Robert Taft, David Cagna, Carl Driscoll, Arthur Nimmo (immediate past-president), and Steven Eckert.

trends. Throughout ABP history, changes in format and content have been enacted only after careful consideration. Major changes in examination methods or content required several years for study, requests for input from relevant communities of interest, development, and implementation. In consideration of changes in clinical practice, educational standards, and educational theory, the ABP regularly reviews its examination methodology to ensure compliance.

The Board is committed to establishing a standard of excellence. Scope of practice and educational standards are not the same, and the ABP examination content will continue to evolve consistent with both. The definition of the specialty as recognized and established by the CDEL creates the clinical and academic boundaries that support the scope of practice and the CODA educational standards. Educational standards define minimum experiences for the entry-level clinician. Scope of practice represents a higher level of knowledge and clinical skill that the Board may examine. While recognizing candidate variation in learning, ability, and experience, excellence from candidates during the ABP

examination is expected. Candidates have been and will be examined beyond the basics and consistent with scope of practice to demonstrate abilities that are more advanced. In this regard, the certification process will identify individuals who meet threshold competence, encourage the specialty to advance, and promote excellence in clinical performance. The objective "to be a stimulating and guiding factor to promote progress, higher standards and more effective service in the field of prosthodontics" is what the founders of the Board intended.[15]

▼ 2018 officers and directors of the ABP. Seated: Drs. Radi Masri (secretary-treasurer), Kent Knoernschild (president), and David Felton (vice-president). Standing: Drs. Heather Conrad, Thomas McGarry, Dean Morton, Thomas Taylor (executive director), Mathew Kattadiyil, David Cagna, and Arthur Nimmo (immediate past-president).

TABLE 4-1. PRESIDENTS OF THE AMERICAN BOARD OF PROSTHODONTICS (ABP)

1948	Bert L. Hooper	1974	Arthur E. Aull	1997	Robert Staffanou
1948–52	Claude J. Stansbery	1975	Chester K. Perry	1998	Richard J. Grisius
1953	Carl O. Boucher	1976	John E. Rhoads	1999	Charles J. Goodacre
1954	Richard H. Kingery	1977	William R. Laney	2000	Edward J. Plekavich
1955	Harold L. Harris	1978	Ernest B. Nuttall	2001	Thomas D. Taylor
1956	Vincent R. Trapozzano	1979	Davis Henderson	2002	David W. Eggleston
1957	Roland D. Fisher	1980	I. Kenneth Adisman	2003	Robert J. Cronin
1958	Muller M. DeVan	1981	Milton H. Brown	2004	Steve A. Aquilino
1959	S. Howard Payne	1982	Kenneth D. Rudd	2005	Carl J. Andres
1960	Daniel H. Gehl	1983	Roland W. Dykema	2006	Steven D. Campbell
1961	Alvin H. Grunewald	1984	Thomas A. Curtis	2007	John R. Agar
1962	Bertram H. Downs	1985	Jack D. Preston	2008	Roy T. Yanase
1963	Gilbert P. Smith	1986	Douglas C. Wendt	2009	Kenneth A. Malament
1964	Charles H. Jamieson	1987	Arthur O. Rahn	2010	Stephen M. Parel
1965	Jack Werner	1988	William H. Pruden II	2011	Rhonda F. Jacob
1966	Lynn C. Dirksen	1989	Brien R. Lang	2012	Carl F. Driscoll
1967	Frank M. Lott	1990	William D. Culpepper	2013	Jonathan P. Wiens
1968	Heinz O. Beck	1991	Ronald P. Desjardins	2014	Steven E. Eckert
1969	J. Eugene Ziegler	1992	Kenneth A. Turner	2015	Donald A. Curtis
1970	Arthur L. Roberts	1993	Robert M. Morrow	2016	Robert M. Taft
1971	Samuel E. Guyer	1994	James W. Schweiger	2017	Arthur Nimmo
1972	Gustave J. Perdigon	1995	Ronald D. Woody	2018	Kent L. Knoernschild
1973	Robert B. Lytle	1996	Howard M. Landesman	2019	David A. Felton

REFERENCES

1. Hardy IR. The American Board of Prosthodontics. J Prosthet Dent 1952;2:438-9.
2. Hardy IR. History of the specialty of prosthodontics. J Prosthet Dent 1965;15:946-8.
3. ADA Transactions 1961:219.
4. Laney WR. The History of the American Board of Prosthodontics. J Prosthet Dent 1972;28:655-6.
5. Reports from the workshop on the specialty of prosthodontics: Held by the Academy of Denture Prosthetics, Chicago, IL, May 19, 1965. J Prosthet Dent 1965;15:978-82.
6. Boucher CO. Charge to the Workshop. J Prosthet Dent 1965;15:971-7.
7. Payne SH. Knowledge and skills necessary in the practice of prosthodontics. J Prosthet Dent 1968;20:255-7.
8. Boucher LJ, Wood GN.: Workshop on Advanced Prosthodontic Education: A Preliminary Report. J Prosthet Dent 1969;21:433-42.
9. Oral Health Committee of the Federation of Prosthodontic Organizations: Specialists in Prosthodontics. J Prosthet Dent 1970;24:100-2.
10. Block LS, Wood GN. The Federation of Prosthodontic Organizations. The voice of prosthodontics. J Prosthet Dent 1971;25:684-91.
11. ADA Commission on Accreditation. Requirements for Advanced Specialty Education Programs, As approved by the HOD, November 1974, revised 1975 [ADA Archives call no. 33A:33].
12. Council on Dental Education, Annual Reports & Resolutions, ADA Transactions, 1982:41.
13. Council on Dental Education, Annual Reports & Resolutions, ADA Transactions, 1984:41.
14. Lang BR. History, information and examination requirements of the American Board of Prosthodontics. 1984;52:281-7.
15. Knoernschild KL, Taylor TD, Wiens JP, Eckert SE, McGarry TJ. American Board of Prosthodontics: 70 Years of specialty certification. J Prosthet Dent 2018;119:683-6.