American Board of Prosthodontics: 70 years of specialty certification

Establishing the Specialty
The specialty of prosthodontics evolved from the determination of clinicians driven toward excellence in patient care. The small group who 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 evolved, the NSDP was renamed the Academy of Denture Prosthetics in 1940, and then the Academy of Prosthodontics in 1990. In 1946, at the request of the American Dental Association, the Academy of Denture Prosthetics elected 9 members to establish the American Board of Prosthodontics (ABP). Drs Kingery, Hooper, Dresen, McLean, Elliott, Hardy, Stansbery, Boucher, and Tench were the first elected to the Board.1

The ABP was officially incorporated in Illinois on February 21, 1947. The first examination was conducted on February 2, 1949 in Chicago, only 4 months after the American Dental Association House of Delegates voted to recognize prosthodontics as one of the dental specialties, together with endodontics, oral and maxillofacial surgery, and periodontics. The Academy of Denture Prosthetics sponsored the ABP from 1947 to 1972 when it gave the sponsorship to the Federation of Prosthodontics Organizations. In 1994, the American College of Prosthodontists as the recognized organization for the specialty assumed sponsorship of the Board.2

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 Definition, the American College of Prosthodontists Parameters of Care, the Commission on Dental Accreditation 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.

Establishing the Educational Standard
Beginning with the first examination, and for the next 35 years, the American Board of Prosthodontics retained direct responsibility for the educational standards for the specialty. 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 10 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 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.2 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.3-5

In 1984, the Commission on Dental Accreditation (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 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 prosthetics, aesthetics, and evidence-based decision making formulated during the last 100 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 2-phase examination format that separated clinical components of the examination from oral and written examinations began in 1962 and continued until 1991. Phase I included a written examination, as well as the documentation and presentation of a patient with one fixed prosthesis and one distal extension removable partial denture followed by an oral examination. Phase II was the week-long 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 2-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 85 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 1 of the 3 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 fair 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 30 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 prosthetic clinical care. CODA standards required an increase program length from 24 to 33 months to allow curriculum time for study and clinical care experience with dental implants for patients. By the early 2000s, prosthodontic practices and prosthodontic programs included the surgical placement of dental implants. In 2016 revised CODA standards required student/resident competence in surgical placement of dental implants during their prosthodontic program. CODA standards again increased required program length from 33 to 35 months so that programs could provide the necessary time for learning experiences to achieve competence.

The ABP in 2016 introduced the Section D examination, which requires dental implant placement and fixed prosthetic 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 nearly all prosthodontic specialty programs.

**Past Success and Future Trends**

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 to well over 1000. The February 18-20, 2018 certifying examination achieved a record number of participating candidates, examinations, and examiners (Fig. 1). 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 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 Commission on Dental Education and Licensure creates the clinical and academic boundaries that support the scope of practice and 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.¹ The philosophy of advancing the specialty of prosthodontics continues.

Kent L. Knoernschild, DMD, MS  
Professor and Program Director  
Advanced Specialty Education in Prosthodontics  
Department of Restorative Dentistry  
University of Illinois at Chicago  
and  
President  
American Board of Prosthodontics

Thomas D. Taylor, DDS, MSD  
Professor and Head  
Department of Reconstructive Sciences  
University of Connecticut  
and  
Executive Director  
American Board of Prosthodontics

Jonathan P. Wiens, DDS, MSD  
Private practice  
West Bloomfield, MI

Steven E. Eckert, DDS, MS  
Professor Emeritus  
Mayo Clinic College of Medicine  
Rochester, MN  
and  
Past President  
American Board of Prosthodontics

Thomas J. McGarry, DDS  
Private practice  
Oklahoma City, OK  
Clinical Professor  
University of Oklahoma School of Dentistry-Removable Prosthodontics  
and  
American Board of Prosthodontics

REFERENCES

3. 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].